

Background Checks Required for Nursing License

GENERAL INFORMATION

An applicant for a Kansas license by endorsement or exam is required to provide one completed fingerprint card in order to conduct background checks with the Kansas Bureau of Investigation and FBI. A fingerprint card must be obtained from the Kansas State Board of Nursing (KSBN) because it contains specific identifying information. **It takes about one (1) month to receive background check results.** Exam applicants should apply for a license at least one month prior to the graduation date in order to prevent delays. **The Board of Nursing will not license a person until the background checks are received. Enclose a check or money order for \$50.00 payable to the Kansas State Board of Nursing. Fees are nonrefundable.**

HOW TO COMPLETE THE FINGERPRINT CARD

If you are fingerprinted by using ink and a card, you **MUST** use the card provided by KSBN

- To facilitate prompt and accurate processing of the fingerprint card:
- Type or print legibly in black ink
- Stay within the blocks-DO NOT OVERLAP THE BLUE LINES
- Your name on the card must be identical to the name of your application
- no staples anywhere on the card
- DO NOT FOLD FINGERPRINT CARD
- You must return the fingerprint card and application together using a 9X12 envelope

Complete the following boxes on the card

- Last name, first name, middle name
- Signature of person fingerprinted
- Aliases (other names you have used, including nicknames, maiden name, other married names, etc.)
- ORI (this block should read: KS920150Z State Board of Nursing, Topeka, Ks.)
- Date of birth (numeric month, numeric day, and numeric year)
- Residence of person fingerprinted (street address or post office box, city, state, zip)
- Citizenship (i.e., United States, England, Philippines)
- Sex, race, height, weight, eyes (color), hair (color)
- Sex: M=Male; F=Female
- Race: A=Asian; W=White; B=Black; I=American Indian; U=Unknown; (If Hispanic use "W")
- Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel;
- MAR=Maroon; PNK=Pink; XXX=Unknown
- Hair: BAL=Bald; BRO=Brown; SDY=Sandy; BLK=Black; GRY=Gray; WHI=White; BLN=Blond; RED=Red; XXX=Unknown
- Place of birth (city, state, or foreign country)
- Employer and address ("none" if you are unemployed)
- Social Security number
- Leave all other spaces blank (OCA, FBI, MNU, MNU)

Prints may be taken by any law enforcement official trained in taking fingerprints. The fingerprint card will be taken by the applicant to the facility that is taking the print. The facility taking the print **MUST** mail the card and waiver directly to KSBN upon completing the prints. A fee is occasionally charged. Staff of the Board of Nursing is also trained to take electronic prints and can be done in the board office and the fee is \$7.50. Prints must be rolled from nail to nail and the ridges should be sharp and distinct. The signature of the person taking the prints must appear on the fingerprint cards. **If reprints are required, a different individual than the one who originally took the prints must take them.**

WAIVER AGREEMENT AND STATEMENT
Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) **Kansas State Board of Nursing** to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, if any, received on me, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption.

I have ____ **OR** have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court: _____

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 3805.

Signature

Date

Printed Name

Date of Birth

Residential Address

City

State

Zip

WAIVER AGREEMENT AND STATEMENT (Cont.)
Fingerprint-Based Record Checks for Noncriminal Justice Purposes

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY
OF CRIMINAL HISTORY RECORDS**

To obtain a copy of your Kansas criminal history record information (CHRI) to review for accuracy and completeness, you must send a set of your fingerprints, a letter requesting your record and payment of the appropriate fee to the KBI. To challenge the accuracy and completeness of your CHRI, send an email to Record_Check@kbi.state.ks.us. For further details, including the current fee, visit the following Internet website:
[http://www.accesskansas.org/kbi/criminal history](http://www.accesskansas.org/kbi/criminal%20history). Or, you may write to:

Kansas Bureau of Investigation
Attn: Adult Records
1620 SW Tyler
Topeka, Kansas 66612-1837

To obtain a copy of your federal CHRI for review and challenge, contact the FBI at the following Internet website: <http://www.fbi.gov/hq/cjisd/fprequest.htm>. Or, you may write to:

Criminal Justice Information Services Division,
Attn: SCU, Module D-2
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

**TO BE COMPLETED BY THE LAW ENFORCEMENT
AGENCY TAKING THE FINGERPRINTS**

Agency Name: _____

Address: _____

Telephone: _____ Fax: _____

Method of Verifying Identity: _____

Name of Individual Verifying Identity
on Behalf of the Authorized Recipient: _____

**ORIGINAL – MUST BE RETAINED BY THE KANSAS STATE BOARD OF
NURSING COPY – PROVIDED TO SUBJECT OF CRIMINAL HISTORY RECORD
CHECK**