



**Oregon State Board of Nursing**  
17938 SW Upper Boones Ferry Road • Portland, Oregon 97224-7012  
**Phone:** 971-673-0685 • **Fax:** 971-673-0684 • **License Verification:** 971-673-0679  
**E-mail:** oregon.bn.info@state.or.us • **Website:** www.oregon.gov/OSBN

# National Criminal Background Check Information

1. **Carefully read and complete Section I of the Fingerprint Identity Verification form.**
  2. **Choose and contact a fingerprinting facility.** Some facilities require appointments to create a set of prints. *Fingerprinting services are available from most law enforcement agencies and also can be found under "Fingerprinting" in the yellow pages.* Fingerprint facilities generally charge a fee for the service.
  3. **Take the Fingerprint Identity Verification form and fingerprint card (Federal Form FD 258) to a fingerprinting facility.** Complete the Fingerprint Identity Verification form and necessary fingerprint card fields in blue or black ink. Necessary fields to be completed on fingerprint card in addition to prints:
    - Name (Last, First, Middle)
    - Aliases, including Maiden Name
    - Social Security Number
    - Sex
    - Race
    - Height
    - Weight
    - Natural Eye Color
    - Natural Hair Color
    - Date of Birth
    - Place of Birth
- Reminder:** Your signature onto the fingerprint card must be witnessed by the fingerprinting official. A request is included at the bottom of the Fingerprint Identity Verification form for the fingerprint official to place the completed fingerprint documents into a sealed envelope before returning the documents to you.
4. Send the fingerprint documents in a sealed envelope directly to the Oregon State Board of Nursing (OSBN) for processing, along with the completed application. *Your fingerprint card will be rejected by the OSBN if the Fingerprint Identity Verification form is not included with it.*

## Checklist

**Mail the following to the OSBN in the envelope along with your application:**

- The Fingerprint Identity Verification form** completed by the applicant (and fingerprinting official).
- The completed, non-folded fingerprint card** (Federal Form FD 258) with necessary fields completed.
- \$52.00 fingerprint-based criminal background check processing fee, if applicable.** Payment should be to the Oregon State Board of Nursing. Fees to the OSBN are not refundable. You are welcome to add the fingerprint-based criminal background fee amount to the application fee to total one payment. *The OSBN fingerprint-based criminal background check processing fee is not required to submit a replacement fingerprint card due to rejection.*



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## Fingerprint Identity Verification

The OSBN processing fee for the fingerprint-based national criminal background check is \$52.00

### SECTION 1: To be completed by APPLICANT

Last Name (Please print)		First Name	Middle Name	
Social Security Number --      --		Date of Birth (mm/dd/yyyy) /      /		<input type="checkbox"/> Female <input type="checkbox"/> Male
All former names ( If none, indicate NONE):				
Mailing Address		City	State	Zip Code
<b>You must file an application for Oregon Nursing licensure or certification. Please mark which application type you are submitting or have on file with the Oregon State Board of Nursing (OSBN).</b>				
<b>CNA1 / CMA</b>		<b>RN / LPN</b>		<b>Advanced Practice</b>
<input type="checkbox"/> Endorsement		<input type="checkbox"/> Endorsement		( Oregon RN active before 12/31/07 )
<input type="checkbox"/> Exam ( Initial / Reactivation )		<input type="checkbox"/> Exam ( NCLEX )		<input type="checkbox"/> CRNA / GRNA
<input type="checkbox"/> Reactivation (61+ days expired)		<input type="checkbox"/> Reactivation (61+ days expired)		<input type="checkbox"/> CNS <input type="checkbox"/> CNS - PP
<input type="checkbox"/> Student Nurse				<input type="checkbox"/> NP - PP
<input type="checkbox"/> I am providing a <b>replacement</b> fingerprint card due to rejection of prints. (No fee)				
<b>All applications requiring fingerprinting must have this form correctly completed and on file with the OSBN.</b>				

*NOTICE: Submission of fraudulent fingerprint documents will be investigated and reported to law enforcement.*

### SECTION 2: To be completed by FINGERPRINTING OFFICIAL

<b>Please check mark photo ID type presented by person to be fingerprinted for identification verification.</b>		
<input type="checkbox"/> State ID / Driver's License	<input type="checkbox"/> Current US Passport	<input type="checkbox"/> Other. Specify: _____
Issued by what US State or Agency	Identification number	
Name of Official (Please print)		
Signature of Official taking Fingerprints	Authorized Fingerprinting Facility	Contact number (      )

**Please place completed Fingerprint Identity Verification form and completed fingerprint card into a sealed envelope before returning documents to the person getting fingerprints taken.**

If you have questions about this form or the OSBN fingerprinting process, please contact the OSBN by sending an email to [osbn.fingerprintinginfo@state.or.us](mailto:osbn.fingerprintinginfo@state.or.us) or call 971-673-0685.

*Revised 3.2009*