



Oregon State Board of Nursing Fingerprinting Identification Verification

Important: Only complete this form IF:

- You live outside of the United States (US); OR
- The closest [Fieldprint Inc. collection site](#) is more than 75 miles away from where you live. Due to the distance from where the collection site is from your home, you have opted to complete ink-based prints taken by a local authorized fingerprinter.

NOTE: You will complete fingerprinting for the OSBN national criminal background check by having your prints rolled in ink and onto the federal FD-258 fingerprint card. We also accept cards that have Livescan digital images of the fingerprints printed out onto the FD-258 card.

Section 1: Instructions

- **Schedule Appointment:** Contact the local service provider to schedule your fingerprinting appointment. Ink-based fingerprinting services are offered by most law enforcement agencies. Schedule an appointment before arriving at the location, as most agencies require a set appointment and will charge a separate fee for their services. The fee amount may vary depending on the collection site.
- **Official Authorization:** Leave Section 3 on page two **BLANK**. This section will be completed and signed by the fingerprinting official during your appointment.
- **FD-258 Card:** Bring this form and the blank federal FD-258 fingerprint card to your appointment. **NOTE: If the collection facility uses the federal FD-258 card type and has them on-site, you may use their cards.** To verify the type, locate the number in the upper left corner of the card. All other card types are not accepted.
- **Sealed Prints:** Have the fingerprinting official place your inked fingerprint card with all required fields filled out, and this completed form in a SEALED envelope. **DO NOT FOLD THE CARD.** In order to ensure the authenticity of fingerprints submitted, OSBN will only accept prints that are received in a sealed envelope.
- **OSBN Mailing Address:** Submit your fingerprints and check or money order drawn on US funds to OSBN via postal mail at: 17938 SW Upper Boones Ferry Rd, Portland OR 97224.
- **Readable Prints:** OSBN is required to attempt to retrieve readable fingerprints for national background check information. **If your first set of prints are rejected (difficult to read, smudged print, etc) by the Oregon State Police (OSP), you will be required to submit one additional fingerprint card to OSBN for OSP to process.** OSBN will send you notification via postal mail with a blank card to repeat the process. If your prints are rejected both times, we will then initiate an internal process in order to complete your criminal background check.

Section 2: Criminal Background Check Processing Fee

Fee Type	Amount	Notice
National Fingerprint-Based Criminal Background Check	\$58	All payments made to OSBN must be drawn on US funds.

Section 3: Required Fields on FD-258

Use only BLACK ink when filling in these required fields on your card.

- | | | |
|---|-------------------------|--------------------------|
| 1. Name (NAM) | 4. Sex (Male or Female) | 8. Natural Eye Color |
| 2. Aliases (AKA) | 5. Race | 9. Natural Hair Color |
| 3. US Social Security Number (SOC) leave blank if none | 6. Height (HGT) | 10. Date of Birth (DOB) |
| | 7. Weight (WGT) | 11. Place of Birth (POB) |

Notice to Applicants with Disabilities: If you have a disability and require special materials or assistance to complete this form, contact OSBN at 971-673-0685. If you are hearing impaired, you may contact OSBN through the Oregon Relay Service at 1-800-735-2900.



Oregon State Board of Nursing
 17938 SW Upper Boones Ferry Rd.
 Portland, OR 97224-7012
 971-673-0685
 www.oregon.gov/OSBN

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ATTENTION: Bring this page of the form with you to your scheduled fingerprint appointment. Make sure you have Section 1 and 2 and all required fields on the federal FD-258 fingerprint card filled out. For questions about the background check process, contact OSBN at 971-673-0685.

Section 1: Applicant Information

Last Name:		First Name:	
Former Name(s) Used: <small>(if none, leave blank)</small>		Middle Name:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other/Non-Binary	Date of Birth: <small>(mm/dd/yy)</small>	*US Social Security Number (SSN):	
Mailing Address:		Primary Phone:	
State/Province:	Zip:	Country:	
<p>*ATTENTION: Per ORS 25.785, applicants must provide a US SSN, US Work Visa, US Taxpayer ID, or other current federal government form authorizing you to work in the US. Information provided will be disclosed to entities and used for the purposes listed in OAR 851-001-0030 (2). Refusal to provide your SSN/Visa/work documents will result in denial of licensure/certification. This denial will be reported to the National Practitioner Databank, as authorized by 42USC Section 666(a) (13). If you are currently working on a US Visa (H1B, I-766 or other current federal government form authorizing you to work in the US), please submit copies of your passport and the Visa along with this application. If you are attending school on an F1 Visa, please provide a copy of the I-94 and I-20 signed by the designated school authority. I hereby certify that I have read this form, and that the information I have provided on this form is true and correct. I have personally completed this form. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial of license/certification. I authorize the above information to be used to update my records on file with the Oregon State Board of Nursing. I understand that this application and any supporting documentation I provide are public documents subject to Oregon public records laws.</p>			
Signature: _____		Date (mm/dd/yy): _____	

Section 2: Application Type

Check the box below for the type of application(s) you are submitting for licensure.

I am submitting a second fingerprint card. My first set of prints were rejected. (if applicable)

CNA/CMA	LPN/RN	APRN	
<input type="checkbox"/> New CNA/CMA by Exam	<input type="checkbox"/> New LPN/RN by Exam	<input type="checkbox"/> NP-PP	<input type="checkbox"/> New Oregon APRN <input type="checkbox"/> Reactivation of Expired Oregon APRN License (30 or more days)
<input type="checkbox"/> Reactivation of Expired Oregon CNA/CMA (30 or more days)	<input type="checkbox"/> Reactivation of Expired Oregon LPN/RN (30 or more days)	<input type="checkbox"/> CRNA <input type="checkbox"/> CRNA-PP	
<input type="checkbox"/> CNA by Student Nurse <input type="checkbox"/> CNA/CMA by LPN/RN	<input type="checkbox"/> LPN/RN by Endorsement	<input type="checkbox"/> CNS <input type="checkbox"/> CNS-PP	
<input type="checkbox"/> CNA by Endorsement			

Section 3: To be completed on-site by the Fingerprinting Official

Please place this completed form and the fingerprint card (PLEASE DO NOT FOLD CARD) into an envelope and **seal** it, prior to giving it back to the applicant. This is to protect the authenticity of the contents in the envelope.

Printed Name of Fingerprinting Official:		Signature of Official:		
Authorized Fingerprinting Facility Name:		Phone Number:		
Type of Photo ID Verified by Official:	<input type="checkbox"/> State-Issued Identification Card; OR <input type="checkbox"/> State-Issued Driver's License	<input type="checkbox"/> US Passport <input type="checkbox"/> Work Visa w/Photo	<input type="checkbox"/> Military Identification Card <input type="checkbox"/> DOD Common Access Card	<input type="checkbox"/> Foreign Driver's License