



# Nevada State Board of Pharmacy

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## FINGERPRINT SUBMISSION INSTRUCTIONS

### YOU MUST COMPLETE THE FOLLOWING BEFORE WE CAN PROCESS YOUR APPLICATION FOR A REGISTRATION:

1. Each person required to submit fingerprints pursuant to **NVRS-639-127 or NVRS-639-1371** must submit a complete set of fingerprints by contacting a local law enforcement agency for fingerprinting. Please provide a copy of these instructions to the fingerprint official to ensure that all fields on the fingerprint card contain the required/authorized information needed for processing. The following fields **MUST** be completed:

- |  |                  |
|--|------------------|
| • Name of person fingerprinted                       | • Place of birth |
| • Signature of person fingerprinted                  | • Sex            |
| • Residence of person fingerprinted                  | • Race           |
| • Date and Signature of official taking fingerprints | • Height         |
| • Employer/applicant name and address                | • Weight         |
| • Date of birth                                      | • Eyes           |
|  | • Hair           |

2. The following fields **MUST** be **LEFT BLANK** on the fingerprint card for completion by the Board:

- ORI
- Reason fingerprinted

3. Each person required to submit fingerprints must complete and sign the Nevada Department of Public Safety's **Fingerprint Background Waiver Form** and return it together with the completed fingerprint card and a cashier's check or money order in the amount of **\$39.00** made payable to "Nevada State Board of Pharmacy" to the Board's Reno office at the address above. ***The Form must indicate "Nevada State Board of Pharmacy" as the requesting agency, and dated the same date or before the date on the fingerprint card.*** The Fingerprint Background Waiver Form can be found at:

[https://rccd.nv.gov/uploadedFiles/gsdnv.gov/content/FeesForms/Fingerprint Information and Forms/0505RCCD-003-082020 Background%20Waiver fillable\(30%20Mar%202021\).pdf](https://rccd.nv.gov/uploadedFiles/gsdnv.gov/content/FeesForms/Fingerprint%20Information%20and%20Forms/0505RCCD-003-082020%20Background%20Waiver%20fillable(30%20Mar%202021).pdf)

**FINGERPRINT CARDS THAT ARE NOT PROPERLY COMPLETED IN COMPLIANCE WITH THESE INSTRUCTIONS OR ARE DATED OVER ONE YEAR WILL BE REJECTED AND YOUR APPLICATION WILL NOT BE PROCESSED.**

## INSTRUCTIONS FOR FINGERPRINT OFFICIAL

**Please require the person fingerprinted to present a valid government-issued identification and verify the person's identity prior to fingerprinting.**