

**NATIONWIDE CRIMINAL HISTORY SCREENING**

The Nursing Practice Act 61-3-13 and 61-3-18 requires that applicants for initial licensure or endorsement, at their cost, provide the board with fingerprints and other information necessary for a state and national criminal background check. Your fingerprints will be submitted to the New Mexico Department of Public Safety for a statewide criminal history search and submitted to the Federal Bureau of Investigation, resulting in the generation of a nationwide criminal history record for you.

The nationwide criminal history record includes information concerning a person's arrests, indictments or other formal criminal charges and any dispositions arising there from, including convictions, dismissals, acquittals, sentencing and correctional supervision, collected by criminal justice agencies and stored in the computerized data bases of the Federal Bureau of Investigation, the national law enforcement telecommunications systems, the Department of Public Safety or the repositories of criminal history information of other states.

Public law enforcement official or other agency staff trained by the New Mexico Department of Public Safety (DPS) or an equivalent state agency in another state/country must take fingerprints. Public law enforcement agencies include the Department of Public Safety, county sheriff, as well as state, municipal, campus, military and tribal police. In some locations it may be possible to find other agencies with staff trained to take fingerprints, including some local school districts. Some agencies may charge a fee to take the fingerprints. The applicant is responsible to pay the fee to the fingerprinting agency.

**Fingerprint cards, required forms and applications for either licensure by exam or endorsement must be submitted to the board office. Applications will not be processed without fingerprint cards and required forms and background check fee.** A permit-to-practice or a temporary license can be issued while the background check is being completed. A license will be issued when a pass report on NCLEX is received or an endorsement file is complete even if results from the nation wide criminal background check have not been received. If the background check reveals a criminal history of convictions of felonies or violations of the Nursing Practice Act a disciplinary hearing before the board will be scheduled and action can be taken against the license.

**INSTRUCTIONS FOR FINGERPRINTING**

Two fingerprint cards must be submitted. The on-line request form is available on our website, at this address: [http://www.bon.state.nm.us/fingerprint\\_form.php](http://www.bon.state.nm.us/fingerprint_form.php). The following boxes on the fingerprint cards **MUST** be completed: Signature of Person Being Fingerprinted / Name / AKA(if applicable) / DOB / CTZ / SEX / RACE / HGT / WGT / EYES / HAIR / PLACE OF BIRTH

**If these boxes are not completed, fingerprint cards will be sent back to the applicant and the application will not be processed.**

The following items must be mailed to the New Mexico Board of Nursing;

- Application and fee
- Two completed fingerprint cards
- One completed Fingerprint Certificate Form
- One notarized Authorization For Release of Information Form
- Background Check Processing Fee of \$44.00  
Fee accepted in these 3 payment types only;  
**Cashier's Check , Money Order or Demand Draft (drawn on US Bank)**  
**in the amount of \$44.00** payable to the  
**NEW MEXICO DEPARTMENT OF PUBLIC SAFETY**  
The \$44.00 fee may **NOT** be combined with the licensure fee.  
**Other forms of Payment will not be accepted.**



**FINGERPRINT CERTIFICATE FORM**  
**THIS FORM WILL BE COMPLETED BY THE AGENCY OFFICIAL TAKING THE**  
**FINGERPRINTS AND SENT BY THE APPLICANT TO THE BOARD OF NURSING**

**The undersigned hereby certifies that I am a representative of:**

\_\_\_\_\_ The Chief of Police of \_\_\_\_\_  
check City, Town, Municipality State

\_\_\_\_\_ Sheriff of \_\_\_\_\_  
check County State

\_\_\_\_\_ The Dept of Public Safety or State Police of \_\_\_\_\_  
check State

\_\_\_\_\_ The Tribal Police of \_\_\_\_\_  
check Tribe

\_\_\_\_\_ The Campus Police \_\_\_\_\_  
check University, College, School

\_\_\_\_\_ Other Organization or Agency \_\_\_\_\_  
check Name

**and that on** \_\_\_\_\_  
Date (MM, DD, YY)

I took the fingerprints of \_\_\_\_\_  
Full legal name (CLEARLY PRINTED)

**whose social security number is** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**and whose birthday is** \_\_\_\_\_, **and whose**  
MM DD YY

**mailing address is:** \_\_\_\_\_

**I further certify that the applicant presented appropriate documentation of his/her identity before fingerprinting.**

\_\_\_\_\_  
Signature of fingerprinting official

\_\_\_\_\_  
Printed Name of fingerprinting official



NATIONWIDE CRIMINAL BACKGROUND CHECK  
AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(NAME) (Must be typed or printed legibly) SS # \_\_\_\_\_ DOB \_\_\_\_\_

Pursuant to NSMA 1978, Section 29-10-6(A) (Repl. Pamp. 1990), of the New Mexico Arrest Record Information Act hereby appoint:

The Board of Nursing as an authorized agent for me for the purpose of inspection (and/or obtaining copies) of any New Mexico arrest fingerprint card supported record information maintained by the Department of Public Safety and the Federal Bureau of Investigations, including information concerning felony or misdemeanor arrests.

To the custodian of records in question, I hereby direct you to release such information to the Authorized Agent as described above.

I hereby release the custodian or custodians of such records and the Board of Nursing and the State of New Mexico, including any of their agents, employees, or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature, which at any time could result to me, my heirs, assigns, associates, personal representative or representatives of any nature because of compliance by said custodian or custodians with the "Authorization for Release of Information" and my request contained herein for this release or because of any use of these records. This release is binding, now and in the future, on my heirs, assigns, associates, personal representative or representatives of any nature.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**ATTENTION NOTARY: Ensure document is signed in your presence and Name, Social Security Number and Date of Birth information is verified with a valid ID.**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_