

# ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800  
Little Rock, AR 72204  
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## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

### FEDERAL CRIMINAL BACKGROUND CHECK

### NON-ARKANSAS (OUT OF STATE) RESIDENT

### FINGERPRINT CARD COMPLETION INSTRUCTIONS

Applicants who reside outside of Arkansas must submit the fingerprint card for the federal part of the criminal background checks. Read and follow these steps to complete the fingerprint card process.

- Legibly complete the fingerprint card accurately and follow instructions. Failure to follow instructions may result in the fingerprint card being returned to the applicant who will have to be re-fingerprinted at the applicant's own expense.
- The Fingerprint Card CANNOT be submitted before completion of the online application. There is a specific INA Search ID number that is made available to an applicant on the Payment Summary page that MUST be used on the Fingerprint card.
- Have fingerprints obtained by properly trained personnel.
- **DO NOT BEND OR FOLD THE FINGERPRINT CARD.**
- **Refer to Step Four and Five on the CRIMINAL BACKGROUND CHECK INSTRUCTIONS NON-ARKANSAS (OUT OF STATE) RESIDENT APPLICANT for fingerprinting and Submission of the Fingerprint card. SPECIFICALLY follow the instructions of obtaining and mailing the fingerprint card.**
  - Failure to follow instructions may result in the fingerprint card being returned to the applicant who will have to be re-fingerprinted at the applicant's own expense.
- **The following boxes MUST be completed on the fingerprint card** (type or print, **black ink only**).  
An incomplete card will delay processing. BE SURE ALL BOXES ARE COMPLETED PER INSTRUCTIONS. Refer to example of completed fingerprint 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 (should read: AR920430Z State Board of Nursing, Little Rock, AR)
- Date of birth (numeric month, numeric day, 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)
- Reason fingerprinted (Should read Arkansas State Board of Nursing - ACA §17-87-312)
- Social Security number
- FBI Leave Blank: Print the INA Search ID number in the **upper right-hand corner** of the fingerprint card.
- Leave all other spaces blank (OCA, MNU, MNU)
- If an individual is missing one or more fingers, a notation in the fingerprint block(s) indicating why a partial or missing image exists must be written in. Handwritten notations recommended for fingerprint submissions include: Amp (amputated), Ti--Amp (tip amputated), Missing at Birth, Cut-off, Shot-off, Deformed and Missing

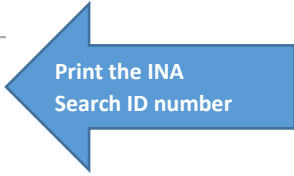
# FEDERAL CRIMINAL BACKGROUND CHECK

## NON-ARKANSAS (OUT OF STATE) RESIDENT APPLICANT FINGERPRINT CARD COMPLETION INSTRUCTIONS

Page Two

Example of Completed Ink Based Fingerprint Card

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME			
<i>John Raymond Smith</i>		Smith		John		Raymond			
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		AR920430Z		ST. BOARD OF NURSING		DATE OF BIRTH <u>DOB</u>	
49 Pepper Street Rocky Road, AR 72109		J.R.		LITTLE ROCK, AR				01-01-45	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP <u>CTZ</u>	SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH <u>POB</u>
01-01-02	<i>Sally Sue Boyd</i>	USA	M	W	6'0"	190	BLU	BRO	Little Rock, AR
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>		LEAVE BLANK					
AR State Board of Nursing ACA 17-87-312		FBI NO. <u>FBI</u>		CLASS _____					
REASON FINGERPRINTED		ARMED FORCES NO. <u>MINJ</u>		REF _____					
		SOCIAL SECURITY NO. <u>SSN</u>							
		444-55-6666							
		MISCELLANEOUS NO. <u>MINJ</u>							



**IMPORTANT:** After submitting request for CBCs, print the Payment Summary page. It contains an INA Search ID number. Write the INA Search ID number in the designated area on the fingerprint card before having fingerprints collected. This number **MUST** be on the fingerprint card. If the INA Search ID number is not written on the fingerprint card, it is likely that fingerprints will not be processed. Print the INA Search ID number in the **upper right-hand corner** of the fingerprint card in the box marked "FBI Leave Blank". The INA Search ID number is also located in the Arkansas GovPay Receipt received via email.

**NOTE**

Refer to Step Four and Five on the **CRIMINAL BACKGROUND CHECK INSTRUCTIONS NON-ARKANSAS (OUT OF STATE) RESIDENT APPLICANT** for fingerprinting and Submission of the Fingerprint card.

- Mail the sealed envelope that contains the completed fingerprint card and Fingerprint Verification Form to:  
**Arkansas State Board of Nursing**  
**1123 S. University, #800**  
**Little Rock, AR 72204**



When the Arkansas State Board of Nursing (ASBN) receives the Fingerprint card, it is verified with the applicant application and forwarded to Arkansas State Police (ASP) for data entry to the Federal Bureau of Investigations (FBI). It can typically take 4 – 6 weeks for ASBN to receive notification of results. Once available, the task will be updated in the applicant's portal account. **Do not contact the ASP or FBI- monitor your status through your nurse portal account.**