



ARKANSAS STATE BOARD OF NURSING

University Tower Building
1123 South University Avenue, Suite 800
Little Rock, Arkansas 72204

PHONE 501.686.2700
FAX 501.686.2714
www.arsbn.org

FBI and ARKANSAS CRIMINAL BACKGROUND CHECKS INSTRUCTIONS

Complete your applications in the following manner:

1. **ARKANSAS STATE POLICE (ASP) CRIMINAL BACKGROUND CHECK FORM**

- Complete the ASP Criminal Background Check Form. Every question **MUST** be answered or the form will be returned to you.
- The last name on your Criminal Background Check Form **MUST** match the last name on your Arkansas application, the last name on your registration for the licensure exam AND your driver's license.
- THE CRIMINAL BACKGROUND CHECK FORM MUST BE NOTARIZED.
- Enclose a cashier's check or money order (**NO PERSONAL CHECKS**) for \$22.00 payable to the Arkansas State Board of Nursing. **FEES ARE NONREFUNDABLE.**

2. **FBI FINGERPRINT CARD (You **MUST** use the card provided by ASBN)**

- Complete the following boxes on the card (type or print, **black ink only**)
 - 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 (this block 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 - write in: AR State Board of Nursing - ACA §17-87-312
 - Social Security numberLeave all other spaces blank (OCA, FBI, MNU, MNU)

- Have fingerprints done by someone appropriately trained to collect them. Your local police or sheriff's department may be willing to accommodate you. There may be a fee involved. The Arkansas State Police ID Bureau in Little Rock on Geyer Springs Road at I-30 will do your fingerprints without charge on Tuesdays and Wednesdays from 9:00 - 11:00 a.m. and Thursdays from 11:00 a.m. to 1:00 p.m.

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.

Common errors that will delay the processing of your FBI criminal background check are incomplete FBI fingerprint card and poor quality of fingerprints. **DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD.**

If you are a graduating student in Arkansas, your nursing education program may have arranged for your fingerprints to be done.

- Enclose a cashier's check or money order (**NO PERSONAL CHECKS**) for \$19.25 payable to Arkansas State Police. **FEES ARE NONREFUNDABLE.**
3. Submit the Arkansas State Police Criminal Background Check Form and the FBI Fingerprint Card, along with two separate cashier's checks or money orders (one for \$22.00 payable to Arkansas State Board of Nursing and one for \$19.25 payable to Arkansas State Police) to:

Arkansas State Board of Nursing, 1123 S. University Ave., #800, Little Rock, AR 72204

DO NOT, UNDER ANY CIRCUMSTANCES, CONTACT THE ARKANSAS STATE POLICE OR THE FBI ABOUT THE STATUS OF YOUR CRIMINAL BACKGROUND CHECKS.



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1123 SOUTH UNIVERSITY, SUITE 800
LITTLE ROCK, ARKANSAS 72204

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ARKANSAS STATE POLICE CRIMINAL BACKGROUND CHECK FORM

ITEMS NEEDED:

1. This form completed (typed or printed clearly)
2. FBI fingerprint card
3. Two separate cashier's checks or money orders, one for \$22.00 payable to Arkansas State Board of Nursing and one for \$19.25 payable to Arkansas State Police. **NO PERSONAL CHECKS**
4. The last name on your criminal background check application must match the last name on your licensure application and your driver's license.

**FEEs ARE
NONREFUNDABLE**

YOU MUST HAVE THIS FORM NOTARIZED.

NAME: LAST FIRST MIDDLE MAIDEN DAYTIME PHONE NUMBER

OTHER NAMES YOU HAVE USED RACE SEX SOCIAL SECURITY NUMBER

DATE OF BIRTH PLACE OF BIRTH (STATE) DRIVER'S LICENSE # STATE OF ISSUE

MAILING ADDRESS CITY STATE ZIP CODE

I, THE UNDERSIGNED, HEREBY GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT THE REQUIRED CRIMINAL RECORD CHECKS ON MYSELF AND RELEASE ANY RESULTS TO THE ARKANSAS STATE BOARD OF NURSING.

SIGNATURE OF APPLICANT DATE

RETURN THIS FORM, FINGERPRINT CARD AND TWO SEPARATE CASHIER'S CHECKS OR MONEY ORDERS (one for \$22.00 payable to ASBN and one for \$19.25 payable to Arkansas State Police) to:
Arkansas State Board of Nursing, 1123 S. University Avenue, #800, Little Rock, AR 72204

State of _____

County of _____

Sworn to before me this _____ day of _____, 20____.
My Commission Expires _____

NOTARY SEAL

Notary Public