

APRN ONLY



FINGERPRINT AND BACKGROUND CHECK INSTRUCTIONS

A criminal background check is required prior to issuance of a license and/or temporary permit. Please be aware that fingerprint processing may delay your application. Fingerprints can be taken at any place authorized to do the prints- it does not have to be a law enforcement agency. Fingerprints must be taken on the current version of the FBI's applicant fingerprint card, FD 258. You can use the card that is provided at these agencies. You may want to call ahead to see if these are available and the fee associated with your prints being taken. Some agencies offer electronic scanning (Livescan)- please note: the fingerprints must be **printed** on a fingerprint card if taken digitally. The ORI number for Kansas Board of Nursing is KS920150Z.

For the fingerprints to be submitted to KBI for processing they must include:

1. Completed fingerprint card- please make sure to include your name, mailing address, SSN, date of birth and signature. The fingerprint card also needs to be dated the same day that you are printed and the person who takes your fingerprints must sign the card.
2. Completed waiver agreement and statement- the applicant is responsible for the top portion of page 3. The person authorized to take the prints will complete the bottom portion of page 3. **The date on the waiver must match the date that you are fingerprinted.**
3. Background check processing fee- \$57.00 payable to KSBN- this can be paid by personal check, money order, or cashiers check. **THIS CANNOT BE PAID ONLINE- IT MUST COME IN YOUR FINGERPRINT PACKET.**

Fingerprints are subject to rejection **and will require a new set to be sent if:**

1. They are submitted without the waivers.
2. The waivers are not filled in completely.
3. They are submitted with outdated/old waivers.
4. The fingerprints were taken more than 6 months ago.
5. The date on the waiver and the fingerprint card do not match. **The date of the waiver must match the date that you are fingerprinted.**

Mail the completed waiver agreement and statement, fingerprint card and \$57.00 fee to:

Kansas Board of Nursing
Landon State Office Building
Attn: Licensing
900 SW Jackson, Suite 1051
Topeka, KS 66612

WAIVER AGREEMENT

Kansas Only Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (Name of Authorized Recipient) _____ to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas criminal history records that may pertain to me. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me employment, licensing, certification, or registration.

I understand that, upon my request, the Authorized Recipient may choose to provide me a copy of the criminal history background report, received on me, for the purpose of challenging the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption.

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of 2022Kansas Laws, Ch. 92, § 1 (Senate Sub. for H.B. 2495).

I understand that my fingerprints will be retained by the KBI if the Authorized Recipient participates in the state Rap Back program for continued suitability for employment, or eligibility for any license, certification, or registration. The Rap Back program will notify the Authorized Recipient when there are updates to my criminal history record. Once I am no longer employed, licensed, certified, or registered, the Authorized Recipient shall request my fingerprints be removed from the state Rap Back program.

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

You may request a copy of your state criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness at no cost.

To Challenge Your Kansas Criminal History Record Information (CHRI)

You may also obtain a copy of your Kansas CHRI to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

For further details, including the current fee, visit the following Internet website:

http://www.kansas.gov/kbi/info/info_brochures.shtml then find the brochure named “Record Checks for Non-Criminal Justice Purposes.”

WAIVER AGREEMENT (Cont.)

I have ____ **OR** have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under K.S.A. 21-5903.

I have been provided the Waiver Agreement and information about how to challenge my criminal records for accuracy and completeness.

Signature

Date

Printed Name

Date of Birth

Residential Address

City

State

Zip

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

Method of Verifying Identity:

☐ Driver's License

☐ State Issued ID Card

☐ Military ID Card

☐ Passport

State/Branch: _____ ID Number: _____

Agency Name: _____

Address:

Telephone: _____ Fax: _____

Name of Individual Verifying Identity: _____

WAIVER AGREEMENT (Cont.)

APPLICANT: *Please return all pages to the Authorized Recipient*

AUTHORIZED RECIPIENT: *1. Must maintain the original or arrange for KBI to maintain.
2. Must provide a copy to the applicant.*