



NEVADA STATE BOARD OF PODIATRY

1325 Airmotive Way, Ste. 175-I * Reno, NV 89502 * (775) 789-2605

INSTRUCTIONS FOR APPLICATION TO PRACTICE AS A PODIATRIC HYGIENIST

The Nevada State Board of Podiatry has determined that the following materials must be provided for a complete application for licensure with the state of Nevada:

- Completed official application with a cashier's check for \$100.00, made payable to the Nevada State Board of Podiatry; and
- 2 passport photographs of yourself – full face that have been taken in the last 6 months, 2x2 inches in size;
- Original Certificate of Medical Education and from all schools where podiatric hygienist instruction was received. *(THESE MUST COME DIRECTLY FROM THE INSTITUTIONS TO THE NEVADA STATE BOARD.) if you did not attend a school where you received podiatric hygienist instruction please fill out section 11 and have your Supervising Podiatric Physician attest to your training.*
- If you are currently licensed to practice as a podiatric hygienist in another state or the District of Columbia, a certificate from the licensing board of that jurisdiction is required stating that you are in good standing and that no disciplinary proceedings are pending.
- 2 completed fingerprint cards (see attached instructions) and the signed Fingerprint Background Waiver form.
- Please forward your completed application to: Nevada State Board of Podiatry, 1325 Airmotive Way, Suite 175-I Reno, Nevada 89502.

Thank you for your interest in the State of Nevada. If you have any questions, please contact the Podiatry Board at (775) 789-2605 or nvpodiatry@bop.nv.gov

Pursuant to NRS 635.097 the holder of a valid and active license to practice as a podiatric hygienist may be employed as a podiatric hygienist in the State of Nevada only in the office of a licensed podiatric physician.



NEVADA STATE BOARD OF PODIATRY

1325 Airmotive Way, Ste. 175-1 * Reno, NV 89502 * (775) 789-2605

APPLICATION FOR A LICENSE TO PRACTICE AS A PODIATRIC HYGIENIST IN NEVADA

Podiatric Hygienist Licensure Fee - \$100.00

(cashier's check or money order required)

| | | | | |
|---|-----------------|-----------------------------|----------------------------------|--------|
| 1. Name | Last | First | Middle | 2. SS# |
| Exactly as it should appear on your license | | | | |
| Other names - indicate if none | | | | |
| 3. E-Mail Address: | | | | |
| 4. Mailing Address: Number and Street/Rural Route, Apt. # | | | | |
| City | State | Zip | Country | |
| 5. Telephone Number: (area code) | | | 6a. Date of Birth: (Mo/Day/Year) | |
| Day | | | | |
| Evening | | | | |
| 7. Have you ever filed an application for licensure to practice as a Podiatric Hygienist in Nevada? [] Yes [] No | | | 6b. Place of Birth | |
| 8. List all supervising podiatric physicians, office locations and phone numbers where you will be working. | | | | |
| Supervising Physician | Office location | Phone Number | | |
| | | | | |
| | | | | |
| | | | | |
| 9. List name and address of all schools where podiatric hygienist instruction was received. Request an original Certificate of Medical Education, with seal of school affixed, from each school attended. | | | | |
| Name of School | Address and zip | <u>Period of attendance</u> | | |
| | | From (mo/yr) | | |
| | | To (mo/yr) | | |
| | | | | |
| | | | | |
| 10. List any circumstances and explain details of failed classes, suspensions or expulsions from medical training. (Indicate if none) | | | | |

11. If you did not attend a school where you received podiatric hygienist instruction, please attest to the following: I have performed at least 960 hours of training supervised by _____ during which I performed each task described in NRS 635.098. If my training included the performance of radiologic imaging, I was trained regarding the manner in which to minimize exposure to radiation to a dose that is as low as reasonably achievable to myself, my fellow employees, and patients. By our signatures below, both I and my supervising podiatric physician attest that I am competent to perform each of the tasks described in NRS 635.098.

Signature of Applicant

Signature of Supervising Podiatric Physician

12. List all other states where you are currently licensed as a podiatric hygienist, and list license number for each state.

A. _____

B. _____

C. _____

13. List and explain any disciplinary actions or suspensions taken against you by the other podiatric medical regulating boards. Please give appropriate details.

14. Are you currently a registered nurse or licensed practical nurse? If so, where are you licensed and what is your license number?

| 15. Self-Reporting Information | | |
|---|-----|----|
| Please read and answer each of the following questions carefully. For each YES answer, attach a separate sheet with a thorough explanation and include appropriate documentation such as related complaints, pleadings, judgments, orders and settlement agreements Please check a Yes or No response for each question | YES | NO |
| Have you ever been summoned before any professional licensing board concerning any violation of the laws, regulations, ethics or professional standards of a health care profession in which you have been licensed or for which you were making application for licensure? | | |
| Have you ever had a professional license of any type restricted, suspended or revoked? | | |
| Have you ever been disciplined in any way by any professional licensing board or professional society with respect to the violation of any laws, regulations, or ethical or professional standards? | | |
| Have you ever been denied a license or the right to take an examination for licensing by any state, province or country? | | |
| Have you ever had any registration, certification, license or privilege to practice as a podiatric hygienist denied, suspended, revoked or restricted by any state, federal or foreign authority? | | |
| Have you ever voluntarily given up any practice privileges, restriction, certification or license to practice as a podiatric hygienist, or have you agreed to restrict your practice of podiatric medicine and surgery in lieu of or to avoid formal action? | | |
| Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of any federal, state or local law relating to the manufacture, distribution, prescribing or dispensing of controlled substances? | | |
| Have you ever been convicted of, or pled guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is in a foreign jurisdiction equivalent to, a misdemeanor, gross misdemeanor or felony, excluding any violations of traffic laws? | | |
| Do you have a medical condition which in any way impairs or limits your ability to practice podiatric medicine with reasonable skill and safety? | | |
| Have you ever applied for a license or received a license to practice as a health professional in any classification under any name other than that on this license form? | | |

16. Have you ever served in the military? [] Yes [] No List Branch(es): _____

Dates of Service: From ___/___/___ to ___/___/___ Military Occupation Specialties: _____

17. Child Support Information. Please mark the appropriate response (FAILURE TO MARK ONE OF THE THREE will result in DENIAL of the application).

_____ I am not subject to a court order for the support of the child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

18. I witness that the above information is correct under penalty of perjury.

19. I duly swear that the information given in my application to practice as a podiatric hygienist is correct. I understand that incorrect information may invalidate any granted license resulting from this application. If granted a license in Nevada, I do hereby agree to practice according to the rules and regulations of practice set down by the Nevada State Board of Podiatry and if found guilty by said board of non-observance of these rules of the board, my license to practice in the State of Nevada is subject to revocation.

Signature of applicant _____

Subscribed and sworn to me this _____ day of _____, 20_____.

_____ (Notary)

Photograph
of Applicant

(Include shoulders and head)

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS FOR FINGERPRINTING:

FINGERPRINTING OPTION A

Obtain two original fingerprinting cards. Be sure they are the appropriate cards by verifying the code of "FD-258" on the back of the cards. Using black ink, fill in the boxes on the top half of the cards. The copy of a fingerprinting card (provided herewith) reflects each field that is required to be completed. A black dot indicates a required field. Sign where indicated in the presence of the person taking your prints.

In the "ORI" section, list the following:

NV0131700
DPS-REC/TECH DIV
CARSON CITY, NV

In the "Miscellaneous No." section list the following:

880934

In the "Reason Fingerprinted" section list the following:

NRS 635.067

You may visit a law enforcement agency or private fingerprinting site. You ***do not*** have to be fingerprinted in Nevada. You are encouraged to start this process immediately as results take *approximately* 6-10 weeks.

Complete the FINGERPRINT BACKGROUND WAIVER. Complete the applicant section where indicated. This form is **NOT** to be signed by the fingerprinting site representative. **Do not provide this form to them for any reason.**

MAIL TO THE BOARD OFFICE:

- A cashier's check or money order in the amount of **\$40.25** made payable to the Department of Public Safety.
- The two completed fingerprinting cards
- The completed Fingerprint Background Waiver Form

**Nevada State Board of Podiatry
1325 Airmotive Way, Suite 175-I
Reno, Nevada 89502**

***** if you cannot secure the fingerprinting cards, please email nvpodiatry@bop.nv.gov and request the cards. Please provide your name and complete mailing address.**

FINGERPRINTING OPTION B

If you reside in Nevada or will be visiting, you may elect to have your fingerprints done via live-scan and submitted electronically. **You must be physically present in Nevada for this option.** This option provides a quick turn-around time of *approximately* 2-4 weeks and a fee of **\$40.25**. The process is simple:

(1) Select the company you wish to use and call them to confirm they submit electronically to DPS.

- Please visit the Nevada Repository's website for updated information as to the private companies who offer electronic submission to DPS.
- Visit <http://gsd.nv.gov/FeesForms/Fingerprints/> and select the "Private Fingerprint Sites" tab. **Be sure they submit electronically to DPS.**
- **Electronic submission is NOT available via any law enforcement agency**

(2) When you appear for the fingerprinting, tell the clerk you are applying for licensure and need your prints **submitted electronically to DPS**. They will require the following codes:

ORI : NV0131700
DPS-REC/TECH DIV
CARSON CITY, NV

Miscellaneous No. 880934

Reason Fingerprinted - NRS 635.067

(3) They will take your prints and collect the \$40.25 fee in addition to their administrative fee.

(4) **Complete the Fingerprint Background Waiver Form.** Complete the applicant section where indicated. This form is **NOT** to be completed or signed by the fingerprinting site representative. **Do not provide this form to them for any reason.**

MAIL TO THE BOARD OFFICE IMMEDIATELY UPON HAVING YOUR PRINTS TAKEN:

- The completed Fingerprint Background Waiver Form

APPLICANT

See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

FD-258 (REV.3-1-10) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

OR I

NV0131700
DPS-REC/TECH DIV
CARSON CITY, NV

DATE OF BIRTH DOB
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS

REASON FINGERPRINTED

NRS 635.067

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

880934

1. R. THUMB 2. R. INDEX 3. R. MIDDLE 4. R. RING 5. R. LITTLE
6. L. THUMB 7. L. INDEX 8. L. MIDDLE 9. L. RING 10. L. LITTLE

Sample

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by *(name of requesting agency)* that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize _____ (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

PLEASE PRINT

_____ Last Name

_____ First Name

_____ Middle

ADDRESS:

PLEASE PRINT

Applicant's Signature: _____

Date: _____

Submitting Agency:

Address: _____

Agency Representative:

PLEASE PRINT

_____ Last Name

_____ First Name

_____ Middle

Agency Representative Signature: _____

Date: _____