

For Office Use Only: **RN / LVN**

Amount _____

Date Rec'd _____

Date App Expires _____

Texas Board of Nursing
 333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
 Phone: 512-305-7400 -- Web Site: www.bon.texas.gov
PETITION FOR DECLARATORY ORDER

For Office Use Only:

FBI HX: [] Yes [] No

Audit #: _____

Staff Initials: _____

Last Name (Print): _____ First Name: _____

Middle Name (will appear on license): _____ Previous Name(s): _____

 (Address) (City) (State/Country) (Zip/Postal Code)

 (E-Mail Address) (Phone Number)

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
 Mo Day Yr

Gender: [] Male [] Female **Ethnicity:** [] African American [] Asian [] Caucasian [] Hispanic [] Native American [] Other

[] No [] Yes Are you enrolled, planning to enroll, or have you graduated from a nursing program?

Nursing program name: _____

Location of program: _____
 City State

Type of Nursing Program: (circle one) LVN RN

Date of Enrollment: _____ **Date of Graduation:** _____

1) [] No [] Yes *For any criminal offense, including those pending appeal, have you:

- A. been convicted of a misdemeanor?
- B. been convicted of a felony?
- C. pled nolo contendere, no contest, or guilty?
- D. received deferred adjudication?
- E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- F. been sentenced to serve jail or prison time? court-ordered confinement?
- G. been granted pre-trial diversion?
- H. been arrested or have any pending criminal charges?
- I. been cited or charged with any violation of the law?
- J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

Applicant's Signature: _____

Date: _____

Petition for Declaratory Order

Applicant Name: _____

Social Security Number: _____ - _____ - _____

2) No Yes *Are you currently the target or subject of a grand jury or governmental agency investigation?

3) No Yes Has **any** licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

4) No Yes *Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

- If "YES" indicate the condition:
- schizophrenia and/or psychotic disorders,
 - bipolar disorder,
 - paranoid personality disorder,
 - antisocial personality disorder,
 - borderline personality disorder

5) No Yes *Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466. *If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer "NO" to questions #4 and #5.*

NOTE: IF YOU ANSWER "YES" TO ANY QUESTION #1 - #5, YOU MUST PROVIDE A SIGNED AND DATED LETTER DESCRIBING THE INCIDENCE(S) THAT YOU ARE REPORTING TO THE BOARD, AS WELL AS SUPPORTING DOCUMENTATION. PLEASE REFER TO THE ELIGIBILITY QUESTIONS INSTRUCTIONS FOR MORE INFORMATION.

Attestation/Consent to Release & Use of Confidential Records

I, the NCLEX ® Candidate whose name appears within this Application, acknowledge this document is a legal document and I attest that I understand & meet all the requirements for the type of licensure requested, as listed in sections 301.252, 301.253, 301.452, 301.453, 301.454 and 304.001 of the Nursing Practice Act; 22 TAC §§ 213.27, 213.28, 213.29, 213.30, 213.33; 22 TAC §§ 217.11 and 217.12.

Further, I understand that it is a violation of the 22 TAC § 217.12 (6) (I) and the Penal Code, sec 37.10, to submit a false statement to a government agency; and I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application.

I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider. I will immediately notify the Board if at any time after signing this affidavit I no longer meet the eligibility requirements.

Applicant's Signature: _____

Date: _____ / _____ / _____

Instructions for the Petition for Declaratory Order

PETITION FOR DECLARATORY ORDER INSTRUCTIONS

Read all application instructions: A petition for Declaratory Order is a formal disclosure to the Board of an outstanding eligibility issue that may prevent an applicant from taking the NCLEX examination upon completion of a nursing program. The Declaratory Order process permits the Board to make decisions regarding a petitioner's eligibility for licensure prior to entering or completing a nursing program.

To avoid a delay in the review process, please answer each question and follow each of the instructions carefully. A declaratory order is not reviewed for a **decision** until all requirements are met and fees are received. An incomplete petition could delay the decision letter.

The application is not complete until all required documentation and fees are received. An incomplete petition will delay final decision of the application. **All documents become a permanent part of your file and will not be returned.** Applications are reviewed in date order received. Be sure to answer all questions honestly. The Texas Board of Nursing may deny your petition if you provide false information on your petition.

Applicants may check the status of their petitions online at <https://www.bon.texas.gov/olv/applstatus.html>

APPLICANT INFORMATION

1. Print in black ink or type your information on the Petition for Declaratory Order. The petition will be accepted only if information is printed legibly.
2. Sign and date the *Attestation/Consent to Release & Use of Confidential Records* statement on page 2.
3. Criminal background checks are performed on all applicants for Licensure in Texas. A criminal background check must be completed through the Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) based on the set of fingerprints you provide to MorphoTrust. **The BON cannot accept fingerprint cards or criminal background check results mailed by the applicant, or results that were completed for another facility, even if the previous check was completed through DPS and FBI.** The following information will assist you in submitting the required fingerprints to our office:

For applicants residing in Texas, The instructions on the Fast Pass labeled 'Applicants residing in Texas' will assist you in scheduling your appointment. Log on to the IdentoGO website, <http://www.identogo.com> or call 1-888-467-2080. If you are scheduling by phone, you will need to request an "Electronic Fingerprint Submission" appointment. You will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. Requested data is required by TXDPS and FBI to process the background check.

All necessary fields on the attached FAST Pass must be completed and taken to your appointment along with a valid state issued identification. During the fingerprint appointment you will be prompted for Social Security Number and Driver License Number. You will also be required to have your photograph taken at the time of the appointment. Once the appointment is completed you will be provided with a signed receipt which includes the Tracking Control Number (TCN); please retain this receipt for your records. The fingerprints, demographic information, and photograph will be sent to TXDPS for processing. Once the background check is completed, the Criminal History Record Information, based upon the fingerprint submission, will be provided electronically to the BON via a Secure Website account.

Note: MorphoTrust (IdentoGO) cannot transmit electronic submissions from MorphoTrust sites located outside the state of Texas. If you are located outside the State of Texas then follow the directions below.

For applicants residing outside Texas, You will need to use the FAST Pass labeled 'Applicants residing outside of Texas' and obtain a standard FBI fingerprint card from the BON, a local law enforcement agency, embassy, or IdentoGo Service Center near you. You will need to locate a fingerprinting service in your area to complete the fingerprinting card with your fingerprint images. You will then register your ink card submission by logging on to the IdentoGO website, <http://www.identogo.com> or by calling 1-888-467-2080. If you are scheduling by phone, please request an "Electronic Fingerprint Submission". You will not schedule a fingerprint appointment; you are only

registering your ink card submission. When registering your submission you will be prompted for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. Individual's signature and registration identification number (RegID) must be on the FAST Pass form. Please print legibly. Requested data is required by the Texas Department of Public Safety to process your background check. All the information requested on the form is required.

You will need to obtain a complete, legible set of fingerprints on the approved fingerprint card. The cost for obtaining an ink card may vary and is not included in the Texas Background check fee. Cards must be mailed to the vendor. The following information regarding person whose record is to be searched, must be completed on the fingerprint card. Please print legibly: Printed last name, first name, middle name of individual, including all alias names. Sex, race, date of birth, Social Security Number and the individual's signature must be on the fingerprint card. Please note that IdentoGo Service Centers outside the State of Texas cannot submit fingerprints electronically for a Texas background process.

Mail Fingerprint Card and FAST Pass to:

MorphoTrust USA
Texas Cardscan Processing
1650 Wabash Avenue, Suite D
Springfield, IL 62704

The Texas Board of Nursing does not make judgments regarding the fingerprints that are submitted. Occasionally DPS and/or the FBI will notify the BON that the fingerprints submitted were not usable and/or readable and therefore have been rejected. You will be notified that a rejection has been received and another set of fingerprints is required. The BON can only submit a request to initiate a name search on your behalf if our office has received two (2) quality rejections from the FBI. A rejection for any other reason (i.e. smudging, impressions too light etc.) would not count towards this requirement.

4. To receive a decision on eligibility to sit for the NCLEX, the petitioner must do the following:
 - A. Complete the required criminal background check as directed in Step 4 of this section.
 - B. Provide a signed and dated statement (letter) describing the incident(s) that you are reporting to the Texas Board of Nursing.
 - C. Provide court documents that show the disposition of the case being reported. You must contact the court whereby the incident occurred to request a certified copy. If the record does not exist, you must obtain a statement from that court that the document has been destroyed or could not be located. See question number 2 on the following page for complete requirements.

All documents described in these instructions must be submitted with your petition. Decisions regarding eligibility will be based upon the documents submitted. Falsification or omission of materials related to this petition will affect your eligibility and authorization to take the NCLEX® Examination. **Additional documentation may be requested.**

Eligibility will **not** be considered until your petition, any required fees, and **all** required documentation has been received and reviewed.

The Texas Board of Nursing - Operations Department will initially review the completed application within 30 days. The Operations Department has limited delegated parameters to approve petitioners in the declaratory process. If the issue is more complex and outside the delegated parameters of the Operations Department, the applicant will be billed an additional \$150 review fee. Once we receive this fee, your file will be transferred to the Enforcement Department for review. If a Declaratory Order petition is transferred to the Enforcement Department, the Operations staff will not be able to provide updates on the file. Applicants will need to allow a minimum of four (4) months before contacting the Enforcement Department at (512) 305-6838 with any inquiries. **Please note: The fee and petition application expire after one (1) year. If petition packet is not completed within one (1) year, then all fees and forms must be re-submitted.**

Statutes and Rules governing this petition may be found in the Texas Occupations Code §§ 301.257, 301.452-301.454 (Nursing Practice Act), and in the Board Rules and Regulations relating to Nurse Education, Licensure and Practice, 22 TAC §§ 213.27-.30, §213.33, and §§ 217.11-.12. These statutes and rules can be located on the BON's web site www.bon.texas.gov.

TIME FRAMES: Once all the required information is received by the Operations staff, allow up to 30 days for the TXBON to respond. If the file has to be transferred to our Enforcement Department, you will receive a letter requesting a \$150 review fee. Once the \$150 fee is received, your file will be transferred to the Enforcement Department. If the file is transferred to the Enforcement Department, the eligibility determination may take an additional minimum of 4 months but could be longer depending on the issue and volume of applications.

ELIGIBILITY QUESTIONS

If you answered yes to questions 1-5 of the Eligibility Questions, you must provide the Board with the following information:

***QUESTION #1.** The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication-a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. The document must be signed and dated. In addition, SUBMIT the following documentation for **all** felonies, **all** misdemeanors, and all military actions:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies. If the record does not exist, you must obtain a statement from that court that the document has been destroyed or could not be located.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

***QUESTION #2.** The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

QUESTION #3. The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

*QUESTION #4. The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment. The evaluation process is described in more detail at www.bon.texas.gov/disciplinaryaction/eval-guidelines.html. The evaluation process could potentially delay consideration of your application. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the application process. By doing so, the application should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the application. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

*QUESTION #5. The practice of professional nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance and random drug testing results; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

The paperwork will be submitted for the initial review in the Operations Department within fifteen business days of the application, examination fee, background check results, and pertinent documentation being received. This initial review can take up to 30 days. If it is determined that the issue being reported to the BON meets the criteria for opening a case according to our current rules, you will be required to pay a \$150.00 review fee. Your file will be transferred to our Enforcement Department for review once the payment is received. This review may take a minimum of four months. The BON **will not** approve an applicant for permanent licensure until a decision has been rendered by our Enforcement Department.

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

Frequently asked questions regarding Petitions for Declaratory Order

1. How long will it take to receive an eligibility decision from the Board?

- *The initial review process can take a minimum of 30 days in the Operations Department and a minimum of four (4) months or longer if transferred to the Enforcement Department. Unfortunately, Board staff cannot provide a time frame over the telephone to an applicant regardless of the type of case. The Board strongly advises that the applicant petition the Board before enrolling into a nursing program if the applicant has potential eligibility issues.*

2. I am in my last semester of nursing school and I am not allowed to participate in clinicals until I receive an eligibility determination from the Board. How can I speed up the petition process?

- *Unfortunately the Board cannot "speed up" the eligibility process. Applications are reviewed on a case-by-case basis and are processed in the order that they are received.*

3. My criminal history came back with a charge I forgot about. I did not indicate this on my Application for Initial Licensure. Will I automatically be denied because I did not disclose the offense to the Board?

- *You will not be approved to take the NCLEX exam without providing the Board with information concerning the offense. This may result in the Board delaying or denying your eligibility to take the NCLEX exam.*

4. Can a person be licensed if they have a misdemeanor or felony crime on their record?

- *Each application is evaluated on a case-by-case basis. Eligibility to take the NCLEX cannot be determined without an applicant providing a Petition for Declaratory Order to the Board with all required documentation. The Texas Board of Nursing considers the nature, severity, the age of the individual when the incident occurred, and other factors when reviewing a case for eligibility. The Board will not make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.*

5. I have a pending criminal charge against me. Do I have to report this to the Board?

- *YES. All pending criminal charges and/or disciplinary action must be reported to the Board.*

6. Can I work as a Graduate Nurse/Graduate Vocational Nurse (GN/GVN) while the Board is determining my eligibility?

- *NO. The Board will not authorize applicants to practice as a GN/GVN or to take the NCLEX exam until an eligibility decision is rendered. Some applicants may not be eligible to practice as a GN/GVN upon receiving the eligibility determination.*

7. What can I do if I am denied?

- *Petitioners who receive a proposal to deny eligibility may request a hearing before an Administrative Law Judge at the State Office of Administrative Hearings by filing a written request with the Board. The request must be made within 60 days of the denial date and must be addressed to the Office of General Counsel.*
- *Petitioners who are denied can re-petition the Board at a later date. To determine when you will be eligible to re-petition the Board, speak to the Enforcement or Legal department for the length of time you must wait before re-petitioning.*

**Petition for a Declaratory
Order Check List**

- Have you filled in **all** applicable blanks and written **all dates** with month/day/year?
- Have you listed all offenses and dates of offenses for questions 2 & 3 in your letter of explanation?
- Have you attached all the court documentation for each offense?
- Have you attached your personal letter explaining the occurrences of each offense, addiction, or mental illness? Did you sign and date your letter?
- If you are petitioning due to a mental illness, have you attached physician, psychiatrist and/or psychologist's documentation?
- Have you attached verification of compliance with after care recommendations (only if petitioning due to mental illness or addiction)?
- Have you attached evidence of continuing sobriety/abstinence (only if petitioning due to alcohol/substance abuse addiction)?
- Have you attached verification of treatment for substance abuse (only if petitioning due to addiction, all documentation must be sent directly from physician and/or treatment center)?

Send to:

**Texas Board of Nursing
333 Guadalupe, Tower 3, Suite 460
Austin, TX 78701**



FOR APPLICANTS RESIDING IN TEXAS

The Texas Department of Public Safety has entered into an exclusive contract with MorphoTrust, which operates over 80 Identogo Centers around Texas, to provide statewide electronic fingerprinting. The goal of the Fingerprint Applicant Services of Texas (FAST) Program is to provide convenient applicant fingerprinting services throughout the state of Texas. Identogo is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. Appointments are available by scheduling on-line at <http://www.identogo.com> or by calling **1-888-467-2080**. The cost of this service is \$9.95 plus a \$31.50 fee for the State and National Criminal History Record Information. Fees associated with the F.A.S.T. service may be paid online with a credit card or onsite with a check or money order made payable to MorphoTrust USA only. (Cash is not accepted.)

Here is how to get started:

1. **You will need to follow the instructions on the FAST Pass labeled 'Applicants Residing in Texas' to schedule an appointment** by logging on to the Identogo website, <http://www.identogo.com> or by calling **1-888-467-2080**. If you are scheduling by phone, you will need to request an **"Electronic Fingerprint Submission"** appointment.

When scheduling an appointment you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.

✦ *Requested data is required by the TXDPS and the FBI to process the background check.*

2. All necessary fields on the FAST Pass must be completed. You will need to bring the completed FAST Pass and valid State Issued Identification to your appointment. During the fingerprint appointment you will be prompted for Social Security Number and Driver License Number. You are also required to have your photograph taken at the time of the appointment.

✦ *Requested data is required by the TXDPS and the FBI to process the background check.*

3. Once the appointment is completed you will be provided with a signed receipt which includes the Tracking Control Number (TCN), please retain this receipt for your records.
4. The fingerprints, demographic information, and photograph will be sent to TXDPS for processing and returned to the BON via a Secure Website account.



Fast Pass Applicants Residing In Texas Texas Board of Nursing

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting <http://www.identogo.com> or by calling 1-888-467-2080. When scheduling an appointment you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is

required by the Texas Department of Public Safety to process your background check. These data elements have been omitted from this document in order to better protect the security of your personal information. You may pay for *FAST* services online with a credit card or onsite with a check or money order only made payable to MorphoTrust USA. (Cash is not accepted.) Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX920440Z**
10. Enter: **Application ID**
11. Follow the prompts to enter requested information
12. Bring this completed form with you to your appointment

Section One: Qualified Entity Information

ORI#: TX920440Z

Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: __ Texas Board of Nursing

Section Two: Applicant Name (To be completed by applicant)

Last: _____ First: _____ Middle: _____
(Please print) (Please print) (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: _____ Date: _____

Section Four: Service Center Information (To be completed by FAST Enrollment Agent)

Date Prints Taken _____ Amount Charged For Service: \$41.45

Paid by: Check Money Order Visa MasterCard Billing Acct _____

TCN: _____

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.A. Name: _____ E.A. Signature: _____
(Please print)



FOR APPLICANTS RESIDING OUTSIDE TEXAS

The Texas Department of Public Safety has entered into an exclusive contract with MorphoTrust, which operates over 80 Identogo Centers around Texas, to provide statewide electronic fingerprinting. The goal of the Fingerprint Applicant Services of Texas (FAST) Program is to provide convenient applicant fingerprinting services throughout the state of Texas. Identogo is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. Appointments are available by scheduling on-line at <http://www.identogo.com> or by calling **1-888-467-2080**. The cost of this service is \$9.95 plus a \$31.50 fee for the State and National Criminal History Record Information. Fees associated with the F.A.S.T. service may be paid online with a credit card or onsite with a check or money order made payable to MorphoTrust USA only. (Cash is not accepted.)

Here is how to get started:

Applicants residing outside the State of Texas or the United States will follow the steps below:

- a) **A completed FAST Pass Form:** You will need to follow the instructions on the FAST Pass labeled 'Applicants Residing Outside of Texas' to register your ink card submission by logging on to the Identogo website, <http://www.identogo.com> or by calling **1-888-467-2080**. If you are scheduling by phone, please request an "Electronic Fingerprint Submission". *You will not schedule a fingerprint appointment; you are only registering your ink card submission.*

When registering your submission you will be prompted by for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.

Individual's signature and registration identification number (RegID) must be on the FAST Pass form. Please print legibly.

- ✦ *Requested data is required by the Texas Department of Public Safety to process your background check. All the information requested on the form is required.*

A Completed Fingerprint Card: you will need to obtain a complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a local law enforcement agency, embassy or Identogo Service Center near you. You can visit <http://www.identogo.com> or call 1-888-467-2080 to locate an Identogo Service Center in your area to obtain an **ink card** for submission, or you can request one from the BONs website at <http://www.bon.texas.gov/olv/web-requests.asp>

*The cost for obtaining an ink card may vary and is not included in the Texas Background check fee. **Cards must be mailed to the vendor, fingerprints cannot be submitted electronically from outside the State of Texas.***

The following information regarding person whose record is to be searched, must be completed on the fingerprint card. Please print legibly:

- Printed last name, first name, middle name of individual, including all alias names.
- Sex, race, date of birth, Social Security Number.
- Individual's signature must be on the fingerprint card.

Mail Fingerprint Card and FAST Pass to:

MorphoTrust USA
Texas Cardscan Processing
1650 Wabash Avenue, Suite D
Springfield, IL 62704



Fast Pass Applicants Residing Outside of Texas Texas Board of Nursing

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please register your fingerprint submission by visiting <http://www.identogo.com> or by calling 1-888-467-2080. **When registering your fingerprint submission you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth, Driver License Number and Home Address. Requested data is required by the Texas Department of Public Safety to process**

your background check. These data elements have been omitted from this document in order to better protect the security of your personal information. You may pay for *FAST* services online with a credit card or by mail with a check or money order only made payable to MorphoTrust USA. (Cash is not accepted.) Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX920440Z**
10. Select: **Pay for Ink Card Submission**
11. Follow the prompts to enter requested information.
12. Write in: **RegID** _____
13. Mail in this completed form with your completed Fingerprint Card to the address below.

Section One: Qualified Entity Information

ORI#: TX920440Z

Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: __ Texas Board of Nursing

Section Two: Applicant Name (To be completed by applicant)

Last: _____ (Please print) First: _____ (Please print) Middle: _____ (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: _____ Date: _____

Section Four: Fingerprint Cards and Payment

Your fingerprint cards must include the following personal data: **Date of Birth, Sex, Race, Height, Weight, Eye Color, Hair Color, Place of Birth, Home Address, and Social Security Number.** Requested data is required by the Texas Department of Public Safety to process your background check. Mail your card and payment (if not paid online) to:

**MorphoTrust USA
Texas Cardscan Processing
1650 Wabash Avenue, Suite D
Springfield, IL 62704**

RegID: _____
(provided at the end of online registration)

Amount Charged For Service: \$41.45

Paid by: Check/Money Order (mailed in) Credit Card (online)

Applicants wishing to verify that a fingerprint card has been processed may call (888) 467-2080 and speak with a customer service representative. Please allow 3 days from date of mailing before contacting MorphoTrust USA Enrollment Services regarding processing status.