

**MONTANA BOARD OF NURSING**  
**PO Box 200513 (301 S Park, 4th Floor)**  
**Helena, MT 59620-0513**  
**LICENSING PHONE: (406) 444-5711 FAX: (406) 841-2305**  
**EMAIL: [nurse@mt.gov](mailto:nurse@mt.gov) WEBSITE: [www.nurse.mt.gov](http://www.nurse.mt.gov)**

**FINGERPRINT/BACKGROUND CHECK PROCESS:**

- Read and sign the Noncriminal Justice Applicant's Rights form (included in the application).
- Fingerprint cards are available from most local law enforcement agencies and the Montana Department of Justice (DOJ). Complete the information requested at the top of the fingerprint card prior to having your prints taken and include the following information:

**EMPLOYER AND ADDRESS:** Board of Nursing, PO Box 200513, Helena, MT 59620-0513  
**REASON FINGERPRINTED:** Licensure & 37-8-434, MCA  
**ORI:** MT920089Z

- Most local law enforcement agencies will take your fingerprints for a nominal fee. After paying this fee and having your fingerprints taken, **send the completed fingerprint card along with a check or money order for \$27.25 made payable to the "Montana Department of Justice" and mail it to Montana Criminal Records, 2225 11<sup>th</sup> Avenue, PO Box 201403, Helena MT 59620-1403.** Please check with your local post office and add accurate postage prior to mailing.
- If DOJ rejects your first fingerprint card as "unreadable," the Board office will notify you and you will need to re-submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.
- **Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Nursing. Your application will not be considered complete until the CHRI is received from the DOJ.**

<p><b>APPLICANT</b> <small>See Entry on Reverse Side</small></p> <p>FD-256 (REV.3-1-10) 1110-0046</p> <p>SIGNATURE OF PERSON FINGERPRINTED _____</p> <p>RESIDENCE OF PERSON FINGERPRINTED _____</p> <p>DATE _____ SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____</p> <p>EMPLOYER AND ADDRESS Board of Nursing PO Box 200513 Helena MT 59620-0513</p> <p>REASON FINGERPRINTED Licensure &amp; 37-8-434, MCA</p>	LEAVE BLANK	<p style="text-align: center;">TYPE OR PRINT ALL INFORMATION IN BLACK</p> <p>LAST NAME: NAM FIRST NAME: _____ MIDDLE NAME: _____</p> <p>ALIASES AKA _____</p> <p style="text-align: center;">O R</p> <p style="text-align: center; font-size: 1.2em;"><b>MT920089Z</b></p> <p>CITIZENSHIP CTZ _____ SEX _____ RACE _____ HGT. _____ WGT. _____ EYES _____ HAIR _____</p> <p>YOUR NO. OCA _____</p> <p>FBI NO. FBI _____</p> <p>ARMED FORCES NO. MNU _____</p> <p>SOCIAL SECURITY NO. SOC _____</p> <p>MISCELLANEOUS NO. MNU _____</p> <p>DATE OF BIRTH: Month _____ Day _____ Year _____</p> <p>PLACE OF BIRTH: _____ POB _____</p> <p>CLASS _____</p> <p>REF _____</p>	FBI LEAVE BLANK	
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. LITTLE	
5. L. THUMB	7. L. INDEX	8. L. RING	10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**SAMPLE**