



Arkansas Department of Health

Arkansas State Board of Nursing

1123 S. University Ave., #800 • Little Rock, AR 72204 (501) 686-2700 • Fax (501) 686-2714

CRIMINAL BACKGROUND CHECK INSTRUCTIONS

NON-ARKANSAS (OUT OF STATE) RESIDENT APPLICANT

Applicants who reside outside of Arkansas must submit the fingerprint card for the federal part of the criminal background check.

Create Arkansas Nurse Portal account and submit	Go to <u>Arkansas State Board of Nursing</u> <u>Arkansas Department of Health</u> . Click on
	Arkansas Department of Health. Click on
a second second is a strength of the second s	
	Apply for License or Certificate button and
TIFICATION FORM	click on respective link under Application
in the cool of an application manor cool and the cooperation	Information.
form	Go to CBC Challenge Privacy Notification
	<u>Form</u> .
	Go to ASBN - Fees - Arkansas Department of
eight and date the fermi and apteud to application. Hite	<u>Health</u>
form as LastName.FirstName.CBC Notification form	
Pay the respective application and temporary permit	
(as applicable) fees.	
instatement applicants should follow instructions as listed in	
reinstatement letter.	
	Request CBC by accessing <u>Arkansas State</u>
	Board of Nursing Arkansas Department of
	Health. Click on the blue Criminal
Complete information and print payment	Background Checks box.
summary/receipt.	
NOT submit the CBC application before completion of	
p One.	
	Go to <u>CBC Fingerprint Card Instructions Non</u>
The second se	Resident.
fingerprint card.	
Review Fingerprint Card Completion instructions and	
complete Fingerprint Card.	
• Go to a local law enforcement office for fingerprinting.	
(E THE FOLLOWING:	Coto turo podo CBC Finderprint Verification
	Go to two-page <u>CBC Fingerprint Verification</u> Form.
reprised pro stamped ingerprint early, compteted	<u>rom</u> .
according to instructions	
Copy of payment summary/receipt	
Two-page Fingerprint Verification Form	
Government issued photo ID	
gerprint Technician:	
Obtains applicant fingerprints	
Completes the Fingerprint Verification Form with	
applicant	
Places completed fingerprint card and Fingerprint	
Verification Form inside the 9 x 12 brown mailing	
envelope	
Writes his/her name across the seal	
Returns the envelope to applicant.	
PLICANT-DO NOT OPEN THE ENVELOPE Page 1 of 2 Page 1 of 2	

CRIMINAL BACKGROUND CHECK INSTRUCTIONS

NON-ARKANSAS (OUT OF STATE) RESIDENT APPLICANT Page Two

STEP FOUR – SUBMIT THE FINGERPRINT CARD

Applicant: Mail the sealed envelope that contains the completed fingerprint card and Fingerprint Verification Form to: Arkansas State Board of Nursing, 1123 S. University, #800, Little Rock, AR 72204

Applicants may check for communication from ASBN by accessing the message center through their personal nurse portal account.