



Federal Background Clearances are now required.

The Nevada ABA Board became an independent organization on October 1, 2021. Prior to that, Nevada Aging and Disabilities Services Division (ADSD) and the Nevada Board of Psychological Examiners managed Applied Behavior Analysis licensing for the state.

Nevada statutes require completed background clearance reports, including state and federal information, for all applicants. When NVABA was created, the state granted a *temporary provision* allowing ABA licensing to continue utilizing only Nevada state clearance information while waiting for the FBI to approve NVABA to access and utilize federal results. After waiting on the FBI for two years, that approval was finally granted by the FBI and became effective November 1, 2023.

Applications processed from October 2021 through November 2023 were approved using only state results. Those approved during this timeframe are now required to obtain reports which include the Federal information.

If your license or registration was ***originally issued*** prior to October 2021 you are ***not*** required to obtain an additional background clearance report.

If your license or registration was originally issued in October 2021 or later, you need a new background report that includes federal clearance information.

All license/registration certificates include an "Original Issue Date." You'll find your certificate in the Digital Wallet of your Certemy account. If your certificate indicates it was originally issued between October 1, 2021 and November 30, 2023 you are required to submit for a background clearance utilizing the LiveScan process before September 2024 or the renewal of your credential could be jeopardized. ***You will not be approved for renewal if your Federal Background Clearance report is not received.***

Does this impact me?

1. Did you ***mail*** a paper fingerprint card to DPS in Carson City with a \$27 money order? – ***YES!***
2. My license or registration was originally issued prior to Oct. 1, 2021 – ***NO!***

What do I do now?

Submit for a new Background Clearance report, now, using the attached forms.

1. **Waiver Form:** Complete both pages and upload a copy to your Digital Wallet in your Certemy account. Entitle it "2024 Fingerprint Waiver" This signed form is required – do not skip this step!
2. Complete the **Fingerprint Request Form -2024** and take it with you to the fingerprinting establishment. They will take your prints and submit them *electronically*. Keep the completed form as your receipt. Do this before September 1, 2024 to insure your results are received by NV ABA prior to renewals.

Questions? Call 775-746-9429



Nevada Department of
Public Safety
Fingerprint Background Waiver

Upload this signed/initialed document to the Digital Wallet of your Certemy account.
Save it as "2024 Fingerprint Waiver"

If this document is not uploaded, your results cannot be used and will be destroyed.

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Nevada Applied Behavior Analysis Board (*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. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. 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.
9. I hereby authorize Nevada Applied Behavior Analysis Board (*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.
10. 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

Applicant's Signature: _____

Date: _____

Agency Account #:

153128

Agency Representative:

Knorr

Wendy

PLEASE PRINT

_____ Last Name

_____ First Name

_____ Middle

Agency Representative Signature: _____

Date: _____

Wendy Knorr
2-1-2024



Fingerprint Request Form- 2024

Please provide this form to the fingerprint technician/official at the time the fingerprints are taken to ensure that all the fields contain the required/authorized information needed for processing. **Applicants without a Fingerprint Request Form or with an incomplete form may be denied fingerprinting until all applicable information is received.**

*****Fingerprint technician, please ensure that you see photo ID for identity verification purposes prior to fingerprinting*****

Applicant Information

Name (Last, First, MI): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Place of Birth: _____
SSN: _____ Citizenship: _____
Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair Color: _____

Authorized Entity Information

Account Number (MNU): 153128 ORI: NV0131700
Applicant Responsible for Fees: YES
Reason Fingerprinted: NVRS 641D 300 – LIC/REG BEHAVIOR ANALYST/TECHNICIAN (do not abbreviate)
Submit Fingerprints Electronic LiveScan: YES
Signature of Authorization: Wendy Johnson
Signature of Authorized Entity requesting fingerprints

Fingerprint Site Information

Signature of Official Taking Prints: _____
TCN Number (for tracking purposes): _____