

Fingerprint Card Order Form

KANSAS STATE BOARD OF NURSING

Landon State Office Building

900 SW Jackson, Ste 1051

Topeka, KS 66612-1230

Name and complete address required to mail out a card, all incomplete submissions will be discarded. The telephone number and email address are optional and only used if we need to contact you about the fingerprint card order.

Email submissions to Jackie.Mercer@ks.gov, or mail to the board address above. Please allow 7 to 10 business days for your request to be processed.

Name:

Street Address:

City:

State:

Zip Code:

Telephone:

E-Mail Address:

Attestation:

I realize that this application is a legal document and by signing below I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

If all the above information is correct please sign below .

Otherwise please go back and correct any information that is necessary.

Signature: _____ Date: (mm/dd/yyyy) _____