

## Petition for Criminal History Review

A person with a criminal history may submit a petition to the Nevada State Board of Nursing requesting a preliminary determination regarding whether the criminal history will disqualify the person from obtaining a license or certificate. Please forward this request form along with documentation of the criminal history to [rmann@nsbn.state.nv.us](mailto:rmann@nsbn.state.nv.us)

**You will receive a determination within 90 days of submission**

I, \_\_\_\_\_, would like to petition the Board to consider the following criminal history to determine if it will disqualify me from licensure/certification (*see page 2 if there is more than one event*):

- In what year did your criminal case occur? \_\_\_\_\_
- What was the crime? \_\_\_\_\_

Were you found guilty, or did you submit a plea of guilty, nolo contendere, or no contest? \_\_\_\_ Yes  
\_\_\_\_ No

○ If no, Is it because:

- \_\_\_\_\_ The case is still pending with the court.
- \_\_\_\_\_ The case was dismissed, expunged, sealed, dropped, abandoned, etc.
- \_\_\_\_\_ Other: (please explain)

\_\_\_\_\_  
\_\_\_\_\_

○ If yes, was it:

- \_\_\_\_ A misdemeanor, \_\_\_\_ A felony, \_\_\_\_ Other: (please explain) \_\_\_\_\_

- Have you completed all requirements of the court? \_\_\_\_ Yes, \_\_\_\_ No
  - If no, what do you still need to do/pay?

\_\_\_\_\_

- In what year were you found guilty/sentenced? \_\_\_\_\_

- Use this space to include any explanation you'd like to share regarding this event.

- Attach any documentation you would like the board to consider.

- What is the total number of events would you like to have reviewed? \_\_\_\_\_

