Implementation of the Fieldprint Process for DBHDS Licensed Private Providers



Fieldprint's fingerprinting process is quick, easy and convenient!

Background Investigations Unit Spring, 2019

Department of Behavioral Health and Developmental Services

Setting Up My Provider Account With Fieldprint

Go to https://fieldprintvirginia.com/ and click "Set Up An Account"



Setting Up My Provider Account With Fieldprint Sign Up



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Setting Up My Provider Account With Fieldprint General Information

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Setting Up My Provider Account With Fieldprint General Information

Select V	
Phone ?* Fax Number ?	
Annual Fingerprint Volume 👩 *	
Virginia Agency ②*	
∨	once an agency is selected additional text boxes will request the specific agency FPcode.

Please list the Fieldprint Code(s) that were provided to you by the authorizing agency. If you do not have this information, please contact your authorizing agency to obtain. If you have further Fieldprint Codes that require setup, please contact Account Management at customerservice@myfieldprint.com.

Fleidprint Code 1			
Fieldprint Code 2			

<<<<EXTREMELY IMPORTANT>>>>

These Fieldprint Codes are only to be used when setting up your provider (business) acount with Fieldprint. Please contact DBHDS' Background Investigations Unit for this information.

Setting Up My Provider Account With Fieldprint Payment Preference

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Setting Up My Provider Account With Fieldprint Service Agreement

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Setting Up My Provider Account With Fieldprint Sample Service Agreement and E-mail

PLEASE REFER TO YOUR TWO HANDOUTS

- -Sample Service Agreement
- **–Sample E-mail Confirmation**

Setting Up My Provider Account With Fieldprint Service Agreement



FINGERPRINT SERVICES AGREEMENT (Virginia State Police)

Fieldprint provides fingerprinting services for submission through Virginia State Police for various programs. To utilize these services, please follow the instructions below.

Complete application information below: Please select the one that applies and provide corresponding numbers:

а.	1	VA Behavioral Health
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	Please provide the Fleidpr	int Code(s) given to you by your regulatory agency.
	Fieldprint Code #1 (/equired). <u>FP</u> D <u>BHDSSPO</u> N
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	Fieldprin: Code #3 (optional):
	Fleidprint Code #4 (optional	0:
Ь.	VA Dapt of Social Servic	296
	Please provide the Fieldpr	Int Code(s) given to you by your regulatory agency.
	Fieldprint Code #1 (required	i):
	Fieldprint Code #2 (optional):
	Fieldprint Code #3 (optional):,
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	Fieldprint Code #2 (optional):
	Fieldprint Code #3 (optione	l):
	Fieldprint Code #4 (op:lonal	lje
d	VA National Chlld	VSP Account Number: ORI:
Please pro	wide the name and conta	ct information for the individual who will be the
primary co	ntaction your account:	

Setting Up My Provider Account With Fieldprint E-mail Confirmation

• Setup Account Confirmation

- Your information has been received. Once your account is set up in our system you will be sent an email with your Fieldprint Code and your <u>reports.myFieldprint.com</u> access information, which will allow you to check your applicant's status in the process. Please allow 1-2 business days for the processing of your account. Accounts will be created in the order that they are received.
- Fieldprint Code Your applicants will need this code when scheduling a fingerprinting appointment at https://fieldprintvirginia.com. Please note that if you selected the Provider Pays option, you will be charged each time this code is used. You should take precautions to ensure this code is only provided to those applicants you wish to have fingerprinted.
- <u>reports.myFieldprint.com</u> This is a secure Web site that will allow you to view scheduled fingerprint appointments and track when fingerprints are submitted. Please note that no fingerprint results are available on the <u>reports.myFieldprint.com</u> web site.

Setting up the Appointment



You will not be able to schedule an appointment, until you receive your unique provider Fieldprint code from Fieldprint.

Things to know before Setting up your Appointment

- You will be asked for the following:
 - name
 - phone number and email
 - current address
 - social security number
 - citizenship
 - place of birth
 - Fieldprint code (code supplied by Fieldprint)
 - Organization/Provider code (3 or 4 digit)
 - Contact ID (If applicable)

Have this information handy before you begin your registration.

Go to <u>https://fieldprintvirginia.com/</u> and click "Schedule an Appointment"

< € Convert ▼ aligned Select		Fieldprint Fingerprinting, Se ×	UL
⊗ field	Orint Already have an appointment?	Fieldprint [®] Fingerprinting Serving Virginia	
Fieldprint's fin Schedule You Schedule You Schedule your finger appointment at a con near you.	ervisit e system to printing nvenient site e system to printing e system to e system t	 Simple. Safe. Secure. Quick, easy scheduling Convenient locations Fast, professional fingerprint collections Schedule an Appointment » How It Works » Our Locations » FAQs » About Fieldprint 	

Applicants - Get started today! It's easy to schedule an appointment.

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Home | Glossary | History of Fingerprinting | Site Map | Legal / Privacy | Contact Us

Create an Account

Attps://acceptance.fieldprint.com/User/S Select	SignIn?ReturnUrl=%2f $\mathcal{P} \checkmark riangled d$	Signin ×	û ☆ û
	⊗fieldprint [:]	English Español Français - Need More Help? Call 877-614-4364 or C Email Us	
	This is a restricted computer system. It is for authorized use only. Use of this s improper use of the system is prohibited and may be subject to criminal and/or Please note: Due to Hurricane Maria, many Fieldprint sites in Puerto Rico are c	system constitutes consent to security monitoring and auditing. Unauthorized or r civil penalties. closed until further notice.	
	New Users Sign Up If you are a new user, please register with Fieldprint® in order to schedule your fingerprinting appointment. Begin the registration process by entering your e-mail address below. Email address: Sign Up	Existing Users Sign In If you already have an account, please log in below to : • Check your appointment status • Re-schedule your appointment • Yew and print your receipt Email address: Password: Errent Password?	
Enter your email address here	Copyright 2009-2017. Fieldprint, Inc. Terms & Conditions	Eleidprint Privacy Policy EBI Privacy Act Statement Don't see any buttons?	

Create a password and security question

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		Call 877-614-4364 or 🗨 Email Us	
	Sign Up	 We value your personal information and keeping it secure at ALL times. Privacy Statement 	
	To register with Fieldprint®, pl All of the following fields are re	ilease enter the password you would like to use below, along with a security question and answer. equired.	
	Password Rules Must be 3 to 16 characters lon Must contain at least one capit May not be the same as your or May not contain the phrase pa May not be the same as any o May not be the same as any o May not contain your usernam Is case sensitive	ng ital letter, one lowercase letter, one number and one special character (!@#\$%*?, /_+ ~~={\[:;) current password assword' or match any on Fieldprint's 'banned' password list saword you nave used in the last 14 days of your last 12 passwords used ne	
	Password you would like to	use	
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	Contact Email Address	•	
	Sign Up and Continue		

Enter your Fieldprint Code

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			Need More Help? Call 877-614-4364 or 🗨 Email Us	
	Reason	We value your personal information and keeping it secure at AL Privacy Statement	times. Your information is saved as you complete each step. You can log in and continue at any time.	
	If your organization has an acco continue.	ount setup with Fieldprint, they were provided with a Fieldprint Co	de specific to their account. Please enter the Fieldprint Code to	
	Fieldprint Code	<u></u>		
	Please note: Your organization with a code, please contact you	must set-up an account before you can be fingerprinted through r organization. Please do not enter your ORI or ARS number, as	this system. If they have not done so, or have not provided you you will not be able to proceed. (ARS example: ARS §1-001)	
	© Copyright 200	9-2017. Fieldprint, Inc. Terms & Conditions Fieldprint Privac	y Policy FBI Privacy Act Statement Don't see any buttons?	

Your Fieldprint Code is specific to your licensed private provider's programs. It identifies which type of program you are working with; so, therefore,

- If you, the provider are paying and/or your individuals are paying and you are licensed as a sponsored residential program; the Fieldprint Code will be the Fieldprint Code that will be in your e-mail from Fieldprint.
- If you, the provider are paying and/or your individuals are paying and you are licensed as any other program (i.e., day support, intensive in-home, mh skill building, etc.); the Fieldprint Code will be the Fieldprint Code that will be in your e-mail from Fieldprint.

f you are not sure, please call BIU at 804-786-6384.

Personal Information

() () https://acceptance.fieldprint.com	Scheduling/PersonalInformation	
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	Sfield print Welcome, deborah.eves@dss.virginia.gov! Logout	English Español Français -
	1 2 3 Need Mu Call 87 Data Collection Time and Location Confirmation Call 87 Personal We value your personal information and keeping it secure at ALL times. W Your information is as	iore Help? 17-614-4364 or e Email Us
	Privacy Statement and continue at any the statement and continue at an	ntment must match both forms of npleted if you cannot provide two
Enter your full name here	Please enter any other names or aliases you have used. If you have used more than one alias, please click the "Add another na aliases. ? First Name: Middle Name: Last Name: Suffix: + Add another name ? Social Security Number: You can add additional names here	Enter your "alias" or any other name you use or have used here

Add your Demographic information

S fieldprint	Welcome, deborah.eves@dss.virginia.gov!	Logout English Español Français -	
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Demographics	We value your personal information and keeping it Privacy Statement	secure at ALL times. I Your information is saved as you complete each step. You can log in and continue at any time.	
Please complete the following que NOTE: Fieldprint is required to pro Citizenship: United States of America (USA) Place of Birth: Select City of Birth: Gender: Select Your Height: Select Your Weight: 2	stions. This information is used to positively identify vide demographic values established by the FBI an vide demographic values established by the FBI an v ⑦ v ⑦ v ⑦ v ⑦ v ⑦ v ⑦ v ⑦ v ⑦	Fill this out completely. This information is required by the Virginia State Police and FBI.	9
Eye Color: Select Hair Color: Select Race:		Asian/Pacific Islander Caucasian/Spanish Descent African/African Descent American Indian/Eskimo	

Additional Information

VA DBH = supplemental scheduling screenshots

After demographics....

Client specific registration pages....

♦ field	orint	Welcome, ssorge@field	print.com! Legsut	English Español Français
Data Collection	2 Authorization	3 Time and Location	4 Confirmation	Need More Help? Call 877-614-4364 or <u>Email Us</u>
Addition Informati	al on	We value your personal times. Phone: Statement	I information and keeping it secure at ALL s	Your information is saved as you complete each step. You can log in and continue at any time.
Organizatio	n Number: *	0		
Contact ID:		3		
Save and (Continue Back			

Last Login:3/18/19 9:44 @ Copyright 2009-2019. Fieldprint, Inc. Terms & Conditions Fieldprint Privacy Policy FBI Privacy Act Statement

The organization number/contact ID is assigned to each licensed private provider. All providers should already know their specific number. If you do not have this number please contact your employer.

Additional Information

If applicant enters organization ID that is not found....

1 2 3 4 Data Collection Authorization Time and Location Confirmation Additional Information We value your personal information and lowping it secure at ALL times Privacy Statement We value your personal information and lowping it secure at ALL Image: Collection is asseed as you complete each also. You can log in and continue at any time.	👏 field print
Additional We value your personal information and keeping it accurs at ALL The Organization Number / Contact ID was not found. Please enter again or contact the organization that directed you to this site to confirm your appropriate Organization Number / Contact ID.	Data Authorization
The Organization Number / Contact ID was not found. Please enter again or contact the organization that directed you to this site to confirm your appropriate Organization Number / Contact ID.	Additional Information
Organization Number: * Contact ID: *	The Organization Number / Conta appropriate Organization Number Organization Number: *

If applicant enters a valid organization, they will proceed to the disclosure statement page

The organization number/contact ID is assigned to each licensed private provider. All providers should already know their specific number. If you do not have this number please contact your employer.

Confirm the Organization

1	2	3	4	5	Need More Help?
Data Collection	Authortzation	Time and Location	Payment	Confirmation	Call 877-614-4364 or 🍘 Email Us
Additional Information		We value your perso (*) times. <u>Mivacy Dates</u>	nai information and keeping a <u>eri</u>	R secure at ALL	Your information to served as you comptets each also. You can log in and continue at any time.
Organizati	on Number: *	0			
Organizati Contect ID	on Number: *	© 0			

After you enter the organization number/contact ID and go to the next page, you will need to make sure the name and address are correct. Your eligibility letter will be sent to this provider so make sure it is the right place.

If it is not correct, check to make sure you entered the organization/ provider number correctly. If it is still not correct, contact your employer to get the correct number.

Disclosure Statement for Licensed Private Provider Employees

Attachment 3 – Not to be completed by Sponsors

A criminal history background investigation is required by law (§ 37.2-416 (B,(i)), *Code of Virginia*) on each individual who was not an employee or service provider at the facility prior to July 1, 1999. (Please type or print clearly.)

Licensed Provider Business Name	Licensed Provider Number (3 or 4 digit)
Applicant's Name (Last, First, Middle)	Social Security Number ONSSN #
Mailing Address (Street, City, State, Zip)	Phone Number (Area Code + Number)
In Virginia or any other location:	
Have you ever been or are the subject of a founded cor	nplaint of child abuse or neglect?
No Yes: If yes, please list all cases and explain.	
Have you ever been convicted* of or are you the subject	t of pending charges for any offense, including moving
traffic violations, but excluding offenses committed be	fore your eighteenth birthday which were finally
No Yes: If yes, please list all cases and explain.	
Convictions include all adult convictions as well as Virginia j	uvenile adjudication's for the following, Capital Murder, First and
Second Degree Murder, Lynching, or Aggravated Malicious V	Vounding, if you were age fourteen (14) to eighteen (18) when
charged,	
*If convicted of misdemeanor assault & battery, were a	ny of these convictions committed while employed in a
I Girect consumer care position?	
I hereby certify that all entries on this disclosure staten	nent are true and complete. I agree and understand that:
(1) any falsification of the information provided, regard	less of the time of discovery, may result in termination of
my services as an employee; and (2) the information or	this disclosure statement is subject to verification.
Signature of Applicant	Date

Reminder - Provider must retain a copy in criminal background request file.

Sponsored Residential and/or Shared Living Individuals

Disclosure Statement

Attachment 5 – To be completed by Sponsors

A criminal history background investigation is required by law (§ 37.2-416 (B (ii), (iv) (v) Code of Virginia) on any sponsored residential applicant (SRA), any adult living in the home of a SRA, any person employed by a SRA to provide services in the home, and/or any person who enters into a shared living arrangement with a person receiving medical assistant services. (Please type or print clearly.)

Licensed Provider Business Name	Licensed Provider Number (3 or 4 digit)
Name (Last, First, Middle)	Social Security Number
Mailing Address (Street, City, State, Zip)	Phone Number (Area Code + Number)
In Virginia or any other location: Have you ever been or are the subject of a founded co No Yes: If yes, please list all cases and explain.	omplaint of child abuse or neglect?
Have you ever been <u>convicted</u> * of or are you the <u>subje</u> traffic violations, but excluding offenses committed b adjudicated in a juvenile court or under a youth offend NO Yes: If yes, please list all cases and explain.	<u>act of pending charges</u> for <u>any offense</u> , including moving efore your eighteenth birthday which were finally der law?
Convictions include <u>all</u> adult convictions <u>as well as</u> Virginia Second Degree Murder, Lynching, or Aggravated Malicious charged.	juvenile adjudication's for the following, Capital Murder, First and Wounding, if you were age fourteen (14) to eighteen (18) when
*If convicted of misdemeanor assault & battery, were a direct consumer care position? No Yes	any of these convictions committed while employed in a
I hereby certify that all entries on this disclosure state (1) any falsification of the information provided, regard my services as a SRA, and/or to provide services for a is subject to verification.	ment are true and complete. I agree and understand that: dless of the time of discovery, may result in termination of a SRA; and (2) the information on this disclosure statement
Signature of Individual	Date

Find a location for fingerprinting

Convert - Select	n/Scheduling/Schedule	Ø so Ø so	hedule Your Visit ×	
	S fieldprint	Welcome, deborah.eves@dss.virginia.gov!	Lodout English Español Français -	
	1 2 Data Collection	3 tion Confirmation	Need More Help? Call 877-614-4364 or 🗨 Email Us	
	Schedule Your V	Sit O We value your personal information and keeping it s	ecure at ALL times. Your information is saved as you complete each step. You can log in and continue at any time.	
	Find a Location Please enter your home, work 123 Main Street, Glen Alle	Use your home address , or other convenient address below and click the Find bu m, VA 23060	utton. ⑦ Find	
	Back Alternate scheduling flow			

Your home address will be in the box. You can change that address to a different address if you want to change it. Once you enter an address, click the "Find" button.

Locations



Schedule your appointment

In 23 Main Street, Gien Alle Back Locations Once an appointment is main appointment time without in The following locations hos the desired location to begin different address.	an, vA 23000 de, you may not make a change or o curring a charge. t Fieldprint Stations. Please click th n scheduling your appointment or c	cancel less than 2 le Schedule Appo lick Find to searc	Find 4 hours before the intment button related to h for locations near a	Gooch	Ashland Glennen Richmond	Centra 360 + - mms of Use
	Location Name	Distance	Hours of Operation	n	Notes	
LIVESCAN #1150 733 Ver Rich	Idprint Site - The UPS Store 0 O Staples Mill Road izon Center hmond, VA 23228	3.7 mi	M TU W TH F 09:00 AM - 06 09:20 AM - 04:40 PM Schedule Appointment	:00 PM SA	Livescan, Photo, 19 No Additional Fees Expedited Processing	
Available Dates and Enter a date (mm/dd/y	Times yyy) or select an available date from	n the calendar:				
11/28/2017	< November 2017 Su Mo Tu We Th Fi 1 2 3	'Deo rSa SuMo i 4	tember 2017 > Tu We Th Fr Sa			
Get Available Times	5 6 7 8 9 10 12 13 14 15 16 17 19 20 21 22 23 24 26 27 28 29 30	0 11 3 4 7 18 10 11 4 25 17 18 24 25 31	5 6 7 8 9 12 13 14 15 16 19 20 21 22 23 28 27 28 29 30			
	Close					

Once you've chosen your location, click the "Schedule Appointment" button for that location. You will see calendars. Select the date you want your appointment by clicking on the date in the calendar.

Schedule your appointment

Attps://acceptance.fieldprint.com/Scheduling/Schedule_Search		오 ▾ 🔒 ở 👌 Schedule Your Visit	×	<u> </u>
; 📆 Convert 🔻 🗃 Select			(L23)	
Once an appoin appointment tin The following k the desired loci different addre:	ment is made, you may not make a change o e without incurring a charge. cations host Fieldprint Stations. Please click tion to begin scheduling your appointment or s.	r cancel less than 24 hours before the the Schedule Appointment button relat r click Find to search for locations near	ed to a	+ of Use
	Location Name	Distance Hours of	Operation Notes	
LIVES	 1. Fieldprint Site - The UPS Store #1156 7330 Staples Mill Road Verizon Center Richmond, VA 23228 	3.7 mi M TU W TH F 09:00 09:20 AM - 04:40 P Schedule Appoint	D AM - 06:00 PM SA Livescan, M Photo, 19 No Additional Fees Expedited Processing	
Available	Dates and Times			
Enter a da	e (mm/dd/yyyy) or select an available date fro	om the calendar:		
11]/[28]	2017 < November 20 Su Mo Tu We Th 1 2	17 December 2017 > Fr Sa Su Mo Tu We Th Fr Sa 3 4 1 2		
Get Avail	ble Times 5 6 7 8 9 12 13 14 15 16 19 20 21 22 23	10 11 3 4 5 6 7 8 9 17 18 10 11 12 13 14 15 16 24 25 17		
Select an NOVEME	vailable time on: 26 27 28 29 30 ER 28, 2017	17 18 19 20 21 22 23 24 25 28 27 28 29 30		
Afternoon 12 PM - 5 P	A Select	31		
Evening: After 5 PM	Select.			
Schedule	Close			

After you've selected your date, click the "Get Available Times" button. Select the time you want by clicking on it. After you click on a time, click the "Schedule" button.

Schedule your appointment

Available Dates and Times

Enter a date (mm/dd/yyyy) or select an available date from the calendar:

11 / 28 / 2017	< November 2017 December 2017 > Su Mo Tu We Th Fr Sa Su Mo Tu We Th Fr Sa 1 2 3 4 1 2
Get Available Times	5 6 7 8 9 10 11 3 4 5 6 7 8 9 12 13 14 15 16 17 18 40 10 10 10 10 10 10 10
Select an available time on: NOVEMBER 28, 2017	You are about to schedule an appointment for 11/28/2017 at 5:10 PM.
Afternoon: Select V	Location Name: Fieldprint Site - The UPS Store #1156
12 PM - 5 PM	Once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge.
Evening: 5:10 V After 5 PM	Click Continue to schedule this appointment. Click Cancel to select another appointment time.
Schedule <u>Cit</u>	Continue Cancel
2. Fieldprint Site	- PostNet 6.7 mi M TU W TH F 09:00 AM - 05:00 PM SA Livesca

A pop-up box will appear to notify you know that once you schedule your appointment you cannot change or cancel less than 24 hours before the time you chose without being charged.

So, be sure this is when you can make it to your appointment! If you need to change the date or time, click on "Cancel".

If you are good, click on "Continue".

Confirmation!



You must bring a copy of this page to your appointment. Click "Print Receipt" to print. If you need directions, click "Get Printable Directions".

You must bring 2 forms of ID with you to your fingerprinting appointment



Your confirmation page has a list of acceptable identification that you will need to bring with you to your fingerprinting appointment.

How Can I Track Whether My Employee has Completed the Fingerprinting Process?

 Sign into your my fieldprint at <u>https://reports.myfieldprint.com/</u>

fieldprint

• This is what the sign in screen will look like if they have completed the process.

TRAINING | CONTACT US | SURVEY

inyricia	print.com									
myFingerprints	myTools									LOG OUT
Welcome Malinda Rot	Welcome Malinda Roberts Sunday, March 31, 2019 2:22:53 PM								1, 2019 2:22:53 PM	
TOOLS Search	□ myFing	erprints								Edit — 🗙
Search by:	Hide	Subject	Date Printed	SSN	٨	Program	٨	Status	TCN	Order #
Name	ACQUAH,	NETV.	01/03/2019	X	FPComm	unityResidences	Completed		8871900657	6520675
	Adebanji,		03/16/2019	X	FPComm	unityResidences	Completed		8871919862	6804610
0 221	Agyeman,		02/05/2019	X	FPComm	unityResidences	Completed		8871909236	6639727
O TCN	Ammah, S		02/02/2019	X	FPComm	unityResidences	Completed		8871908690	6608009
First Name:	AMOAKO		01/08/2019	×	FPComm	unityResidences	Completed		8871901819	6537167
	Bartley, C		01/18/2019	X	FPFidura/	AssociatesInc	Completed		8871904372	6576379
	Bennett, D		01/16/2019	X	FPComm	unityResidences	Completed		8871904105	6559578

How Can I Track Whether My Employee has

myFingerprints myTools		LOG OU
Welcome Malinda Roberts		Sunday, March 31, 2019 2:34:47 F
Custom Reports		
Report Name	Description	
Order Search	Order Search	Run Report
Order Search With Custom Fields	Order Search With Custom Fields	Run Report
VA DBHDS Data Feed	VA DBHDS Data Feed	Run Report
Monthly Payment Detail	List of orders in the selected month's Accounts Payable.	Run Report

Report Configurator (Editable Orders)

Report Configurator

To create your own custom report, click below to access the Management Report Configuration tool. This tool will allow you to configure a custom report and save it to your mySaved Reports list for convenient access.

New

myManagement Reports

Report Name	Description	
Order Search With Custom Fields	Order Search With Custom Fields	Run Report
VA DBHDS Data Feed	VA DBHDS Data Feed	Run Report
Monthly Payment Detail	List of orders in the selected month's Accounts Payable.	Run Report
Client Credit Card Payment	Client Credit Card Payment	Run Report

- \times

How Can I Track Whether My Employee has Completed the Fingerprinting Process?

• Below is a sample of the above referenced report – Client Credit Card Payment

Subject First Name	Subject Last Name	Payment Date	Payment Description	Amount Charged	Authorization Code
Mickey	Mouse	2/6/2019 1:13:08 PM	Fieldprint Scheduling Fee	58.7200	025813
Donald	Duck	2/6/2019 1:45:42 PM	Fieldprint Scheduling Fee	58.7200	047627
Betty	Воо	2/11/2019 11:03:26 AM	Fieldprint Rescheduling Fee	8.7200	012019
Daffy	Duck	2/13/2019 12:51:56 PM	Fieldprint Scheduling Fee	58.7200	099086
Road	Runner	2/14/2019 11:01:31 AM	Fieldprint Scheduling Fee	58.7200	044453

Contact information

If you have questions about scheduling an appointment, call Fieldprint at 877-614-4364

If you have any administrator access or account problems, e-mail customerservice@myfieldprint.com

If you have questions about fingerprint based background checks, please contact your BIU at 804-786-6384.