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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pinia Agency ⑦*				
elect		ect: VA DE	BHDS	

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.

Fieldprint 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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the download, pl	ease click here.				
	gerprinting services ganization and Cert		r organization, and the	business relationship	
and conditions, p	clease type your na	me and the date in	to the appropriate box	rat you agree to its terms s below. This serves as in electronic signature.	
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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
	Fleicprint Code #2 (optional	EPOBHOSAPPL
	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):,
	Fieldprint Code #4 (optional):
c.	VA Criminai Justice Ser	vices
	Please provide the Fieldpi	Int Coda(a) given to you by your regulatory agency.
	Fieldprint Code #1 (required	i):
	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
	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"

bhtps://fieldprintvirginia.com/ The second secon	P → 🗎 C 👌 Signin	S Fieldprint Fingerprinting, Se ×	û
ieldpr	Already have an appointment?	Fieldprint [®] Fingerprinting Serving Virginia	
Steldprint's finger Schedule your fingerprinting Schedule your fingerprintig Schedule	Livescan (irginia	» 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

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	⊗fieldprint [:]	English Español Français - Need More Help? Call 877-614-4364 or C <u>Email Us</u>	
	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		
	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	Sign In Fieldprint Privacy Policy FBI Privacy Act Statement Don't see any buttons?	

Create a password and security question

https://acceptance.fieldprint.com	/User/SignUp	Ø ≠ 🖴 Ø Sign Up 🛛 ×	ú
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	S fieldprint	English Español Français -	
		Need More Help?	
		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.	
	May not be the same as your o May not contain the phrase 'pa May not be the same as a pas	ital letter, one lowercase letter, one number and one special character (!@#\$%^?,/_+ ~~={}[];;) current password assword' or match any on Fieldprint's 'banned' password list seword you have used in the last 14 days of your last 12 passwords used	
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	Sign Up and Continue		

Enter your Fieldprint Code

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			Need More Help? Call 877-614-4364 or <u>Email Us</u>	
	Reason	We value your personal information and keeping it secure at Al Privacy Statement	L times. Use Your information is saved as you complete each step. You can log in and continue at any time.	
	If your organization has an according	ount setup with Fieldprint, they were provided with a Fieldprint Co	de specific to their account. Please enter the Fieldprint Code to	
	Fieldprint Code	0		
	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

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x n Convert ▼ B Select		
	Stieldprint Welcome, deborah.eves@dss.virginia.gov! Locout English Español Français -	
	1 2 3 Data Collection Time and Location Confirmation Personal We value your personal information and keeping it secure at ALL times. Image: Your information is saved as you complete each step. You can log in and confinue at any time.	
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Enter your full name here	aliases. (?) First Name: Last Name: Suffix: + Add another name (?) Social Security Number: (?) You can add additional (?) Cor any of Cor a	our "alias" other name or have re

Add your Demographic information

nvert 🔻 🔂 Select	A Calabariati			
	Sieldprint 1 2 Data Collection	Welcome, deborah.eves@dss.virginia.gov!	Logout English Español Français - Need More Help? Call 877-614-4364 or Email Us	
		We value your personal information and keeping it Privacy Statement tions. This information is used to positively identify ide demographic values established by the FBI and Image: Comparison of the transformation of the transformatio of the transformatio of the transformation of the transformatio	you when performing a fingerprint-based background check.	
	Your Weight: Eye Color: Select Hair Color: Select Race: Select	 ▼ ⑦ ▼ ⑦ ▼ ⑦ ▼ ⑦ ▼ ⑦ 	Asian/Pacific Islander Caucasian/Spanish Descent African/African Descent American Indian/Eskimo Indeterminable Race	

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		We value your personal times (https://Statecom	l information and keeping it secure at ALL 5	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 C	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. 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. Please enter again or contact the organization that directed you to this site to confirm your	👏 field print
Information Informatio Information Information Information Information Informa	Data Authorization
Organization Number: * Contact ID: *	appropriate Organization Numbe 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					Your information to served as you complete each step. You can log in and continue at any time.		
Organizati	on Number: *	0					
Organizati Contect ID		© 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	No SSN #
Mailing Address (Street, City, State, Zip)	Phone Number (Area Code + Num	ber)
In Virginia or any other location: Have you ever been or are the subject of a founded	I complaint 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 su traffic violations, but excluding offenses committee		
adjudicated in a juvenile court or under a youth off		, or a restancy
No Yes: If yes, please list all cases and explain.		
Convictions include <u>all</u> adult convictions <u>as well as</u> Virgi Second Degree Murder, Lynching, or Aggravated Malicio charged.		
*If convicted of misdemeanor assault & battery, we	re any of these convictions committed wi	ule employed in a
direct consumer care position?		,o omproyou ni u
I hereby certify that all entries on this disclosure st (1) any falsification of the information provided, reg		
my services as an employee; and (2) the information		
Signature of Applicant	Dat	e
- · -		

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.	
	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
(1) any falsification of the information provided, regard	ement 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

) 👏 https://acceptance.fieldprint.com	scheduling/schedule	2 ⊗ 5 ≞ + Q	Schedule Your Visit ×	
	S fieldprint	Welcome, deborah.eves@dss.virginia.gov!	Loqout English Español Français -	
	Data Time and Loc Collection	ation Confirmation	Need More Help? Call 877-614-4364 or <u>Email Us</u>	
	Schedule Your V	We value your personal information and keeping it Privacy Statement	secure at ALL times. Uninformation 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 I an, VA 23060	button. ⑦	
	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

appointment time withou The following locations h	nade, you may not make a change or	he Schedule Appo	intment button related to	Goodhan	Ashland Gleenenee Richmond	Centra 663 t + ns of Use
	Location Name	Distance	Hours of Operation	ı	Notes	
LIVESCAN #1	Fieldprint Site - The UPS Store 156 7330 Staples Mill Road Verizon Center Richmond, 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 ar Enter a date (mm/do	nd Times I/yyyy) or select an available date fror	n the calendar:				
11/28/2017	Su Mo Tu We Th F 3 1 2 3	Fr Sa Su Mo	tember 2017 > Tu We Th Fr Sa			
Get Available Time	5 6 7 8 9 1 12 13 14 15 16 1 19 20 21 22 23 2 26 27 28 29 30	24 25 10 11 17 18	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

Matter://acceptance.fieldprint.com/Scheduling/Schedule_Search		오 두 🔒 🖒 👌 Schedule You	ır Visit 🛛 🗙		<u>බ</u> ද
< 📆 Convert 🔻 🗟 Select					
appointment time w The following locat	nt is made, you may not make a change or ithout incurring a charge. ons host Fieldprint Stations. Please click th to begin scheduling your appointment or c	he Schedule Appointment butt		Richmond + o data @2017 Google Terms of Use	
	Location Name	Distance	Hours of Operation	Notes	
E 🗞	1. Fieldprint Site - The UPS Store #1156 7330 Staples Mill Road Verizon Center Richmond, VA 23228	09:20 AM -	IF 09:00 AM - 06:00 PM SA 04:40 PM Appointment	Livescan, Photo, I9 No Additional Fees Expedited Processing	
Available Dat	es and Times				
Enter a date (r	nm/dd/yyyy) or select an available date fron	n the calendar:			
11]/[28]/[2	017 < November 2017	r Sa Su Mo Tu We Th			
Get Available	12 13 14 15 16 1 19 20 21 22 23 2	7 18 10 11 12 13 14	15 16		
Select an avai NOVEMBER		17 18 19 20 21 24 25 26 27 28 2			
Afternoon: 12 PM - 5 PM	Select 🔽	31			
Evening: After 5 PM	Select				
Schedule	Close				
	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
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

myneup	LIL.com	M								
myFingerprints	myTools									LOG OU
Welcome Malinda Robert	ts								Sunday, March 3	1, 2019 2:22:53 P
search		gerprints								edit 🗕 🗙
Search by:	Hide A	Subject	Date Printed	SSN	٨	Program	٨	Status	TCN	Order #
Name	ACQUAH.	CIETY	01/03/2019	X	FPComm	unityResidences	Completed	d	8871900657	6520675
O SSN	Adebanji,		03/16/2019	X	FPComm	unityResidences	Completed	d	8871919862	6804610
0 55N	Agyeman,		02/05/2019	X	FPComm	unityResidences	Completed	d	8871909236	6639727
O TCN	Ammah, S		02/02/2019	X	FPComm	unityResidences	Completed	d	8871908690	6608009
First Name:	AMOAKO		01/08/2019	х	FPComm	unityResidences	Completed	d	8871901819	6537167
	Bartley, C		01/18/2019	X	FPFidura/	AssociatesInc	Completed	d	8871904372	6576379
L	Bennett, D		01/16/2019	X	FPComm	unityResidences	Completed	d	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.