Implementation of the Fieldprint Process for DBHDS Licensed Private Providers

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

Set Up An Account

Fieldprint provides fingerprinting services. Signing up is easy and takes just a few minutes to complete. Just follow the steps below using the Fieldprint® Fingerprinting Program SetUp Wizard:

1. Enter your organization’s general information including address, phone and tax numbers.
2. Enter the primary contact for your organization, including address, contact person, phone and email address.
3. Choose your credit card payment option. Here you will determine whether your organization will pay by credit card for applicants to be fingerprinted or whether the applicants will pay by credit card to be fingerprinted.
4. Provide your organization’s credit card information (if your organization chooses to pay for applicants to be fingerprinted).
5. Read the Service Agreement, and electronically sign it.

Once your information has been received you will be sent via email your Fieldprint Code.

To sign up, click the link below to enter the Setup Wizard:

Sign Up

Applicants - Get started today! It’s easy to schedule an appointment.
Setting Up My Provider Account With Fieldprint

General Information

Fieldprint Account Setup Wizard

General Information

Required items are marked with *

Please provide information about your organization.

Organization Legal Name *

Address

Address 2

City State ZIP Code

Phone Fax Number

Annual Fingerprint Volume

Virginia Agency

Select: VA DBHDS

Select: VA DBHDS

If you would like to speak to a Fieldprint representative about the setup process, please call 866-472-6918.
Setting Up My Provider Account With Fieldprint

General Information

<<<EXTREMELY IMPORTANT>>>>

These Fieldprint Codes are only to be used when setting up your provider (business) account with Fieldprint. Please contact DBHDS’ Background Investigations Unit for this information.
Setting Up My Provider Account With Fieldprint

Payment Preference

Fieldprint Account Setup Wizard

Payment Preference

Required items are marked with *.
Indicate your payment preference below.

- Applicant pays.
  Applicants, when scheduling their fingerprinting appointment on the website, will be required to provide a valid credit card or debit card for payment.

- Provider pays.
  If you wish to pay for the fingerprinting services, please select this option. You will be asked to provide a valid credit card. Each time an applicant schedules a fingerprinting appointment, this card will be charged.

Next  Back

If you would like to speak to a Fieldprint representative about the setup process, please call 866-472-9993.

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Setting Up My Provider Account With Fieldprint

Service Agreement

Required items are marked with *.

Please read the instructions and Services Agreement that have been downloaded. If you did not receive the download, please click here.

It outlines the fingerprinting services we provide to your organization, and the business relationship between your organization and Certifi.

Once you have reviewed the agreement and checked the box that indicates that you agree to its terms and conditions, please type your name and the date into the appropriate boxes below. This serves as your electronic signature. It is legally acceptable to sign this document using an electronic signature.

When you are finished, click Next.

- [ ] I agree to the terms and conditions of the agreement.

Your Full Name:  

Today’s Date:

Month:  
Day:  
Year:  

Next  Back

If you would like to speak to a Fieldprint representative about the setup process, please call 800-472-0910.
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

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:

a. ☑ VA Behavioral Health
   Please provide the Fieldprint Code(s) given to you by your regulatory agency.
   Fieldprint Code #1 (required): ________
   Fieldprint Code #2 (optional): ________
   Fieldprint Code #3 (optional): ________
   Fieldprint Code #4 (optional): ________

b. ☐ VA Dept of Social Services
   Please provide the Fieldprint Code(s) given to you by your regulatory agency.
   Fieldprint Code #1 (required): ________
   Fieldprint Code #2 (optional): ________
   Fieldprint Code #3 (optional): ________
   Fieldprint Code #4 (optional): ________

c. ☐ VA Criminal Justice Services
   Please provide the Fieldprint Code(s) given to you by your regulatory agency.
   Fieldprint Code #1 (required): ________
   Fieldprint Code #2 (optional): ________
   Fieldprint Code #3 (optional): ________
   Fieldprint Code #4 (optional): ________

d. ☐ VA National CII
   Please provide the VSP Account Number: ________
   OR: ________

Please provide the name and contact information for the individual who will be your primary contact on your account:

Full Name: ___________________________ Title: ___________________________
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 [reports.myFieldprint.com](http://reports.myFieldprint.com) 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](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.

• **[reports.myFieldprint.com](http://reports.myFieldprint.com)** – 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 [reports.myFieldprint.com](http://reports.myFieldprint.com) web site.
Setting up the Appointment

<<<<<<EXTREMELY IMPORTANT>>>>>
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 https://fieldprintvirginia.com/ and click “Schedule an Appointment”
Create an Account

Enter your email address here
Create a password and security question
Enter your Fieldprint Code

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.

If you are not sure, please call BIU at 804-786-6384.
Personal Information

Enter your full name here

You can add additional names here

Enter your “alias” or any other name you use or have used here
Add your Demographic information

Fill this out completely. This information is required by the Virginia State Police and FBI.

- 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....

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....

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

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

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.)

<table>
<thead>
<tr>
<th>Licensed Provider Business Name</th>
<th>Licensed Provider Number (3 or 4 digit)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant’s Name (Last, First, Middle)</th>
<th>Social Security Number</th>
<th>□ No SSN #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (Street, City, State, Zip)</th>
<th>Phone Number (Area Code + Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In Virginia or any other location:

Have you ever been or are the subject of a founded 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 subject of pending charges for any offense, including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law?

☐ No  ☐ Yes: If yes, please list all cases and explain.

Convictions include all adult convictions as well as Virginia juvenile adjudication’s for the following, Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

*If convicted of misdemeanor assault & battery, were any of these convictions committed while employed in a direct consumer care position?

☐ No  ☐ Yes

I hereby certify that all entries on this disclosure statement are true and complete. I agree and understand that: (1) any falsification of the information provided, regardless of the time of discovery, may result in termination of my services as an employee; and (2) the information on 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

A criminal history background investigation is required by law (§ 37.2-416 (B) (ii), (iii), (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.)

<table>
<thead>
<tr>
<th>Licensed Provider Business Name</th>
<th>Licensed Provider Number (3 or 4 digit)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Social Security Number</th>
<th>No SSN #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (Street, City, State, Zip)</th>
<th>Phone Numbr (Area Code + Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In Virginia or any other location:
Have you ever been or are the subject of a founded 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 subject of pending charges for any offense, including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law?

☐ No  ☐ Yes: If yes, please list all cases and explain.

Convictions include all adult convictions as well as Virginia juvenile adjudication’s for the following, Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, If you were age fourteen (14) to eighteen (18) when charged.

*If convicted of misdemeanor assault & battery, were any of these convictions committed while employed in a direct consumer care position?

☐ No  ☐ Yes

I hereby certify that all entries on this disclosure statement are true and complete. I agree and understand that: (1) any falsification of the information provided, regardless of the time of discovery, may result in termination of my services as a SRA, and/or to provide services for a SRA; and (2) the information on this disclosure statement is subject to verification.

_________________________________________  ________________
Signature of Individual                      Date
Find a location for fingerprinting

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

The locations near you will be displayed. This information will include the hours the Fieldprint location is open.

There is a map to show you where the locations are.
Schedule your appointment

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

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

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 https://reports.myfieldprint.com/

• This is what the sign in screen will look like if they have completed the process.
How Can I Track Whether My Employee has
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

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