

(1) Originating Agency Number (ORI #) N J 9 2 0 5 8 0 Z		(2) Category H C K	(3) Statute Number 42 USC 5119(A)3		
(4) Reason for Fingerprinting NATIONAL CHILD PROTECTION ACT			(5) Document Type R B 1	(6) Payment Information APPLICANT PAYS COST	
(7) Contributor's Case # (Unique Identifier) E M S 3			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ()		(13) Social Security Number *	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) [] Female [] Male [] Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address			
		City	State	Zip	
Identification Requirement - Acceptable Identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.70) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.70) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

**New Jersey Department of Health
P.O. Box 359
Trenton, NJ 08625-0359**

TO: Emergency Medical Services Applicants

SUBJECT: Fingerprint Process

In order to obtain a criminal history record background check you must complete a fingerprint appointment with MorphoTrust. You must provide fingerprint impressions that will be used to check the criminal history records of the New Jersey State Police and the Federal Bureau of Investigation (FBI) to determine if you have a recorded criminal history with either agency. Also, we will be notified if you are convicted of an offense at a later date.

In order to have your fingerprints taken, you must contact the vendor designated by the New Jersey State Police to take fingerprint impressions. The vendor, MorphoTrust, will take information from you, including the codes provided on the reverse side of this form. You will be scheduled to report to a local site and have your fingerprint impressions taken. On the day you report, you **MUST BRING A PHOTO ID ISSUED BY A GOVERNMENTAL AGENCY (see reverse side the list of approved identification documents) AND THIS FORM.** Failure to follow these directions will result in you being turned away at the center, will cause you to forfeit part of the fee (\$10.70), and will require you to make a second trip. To arrange to have your fingerprints taken, visit www.bioapplicant.com/NJ (seven days a week, 24 hours a day). If you do not have access to the Internet, you may call the MorphoTrust call center at **(877) 503-5981**** Monday through Friday, 8 AM to 5 PM, and Saturday 8 AM to noon. If you are calling by telephone, please expect wait times in excess of five minutes during peak times. You need to provide them with the information on the reverse side of this form and be prepared to pay the required fee by Visa, Master Card, prepaid debit card or check-by-phone. Your account will be deducted \$65.45 (including sales tax) to cover the cost of the fingerprint check and the scanning fee.

You are required to keep any appointment you make with the vendor. Please note the cancellation policy on the reverse side of this form. If you fail to cancel an appointment within the required time, or if you do not bring this form and the required ID with you to the fingerprint center, you will forfeit a portion of the fee (\$10.70). The vendor reports all “no-show” applicants to the Department.

Once you are fingerprinted, the vendor will give you a special number, called a **PCN**. You should write this number down on this form and keep it for your records. This proves that you have had the fingerprints completed and can help us track down information or to re-send your fingerprints in the future. Make sure the vendor records the PCN on the reverse side of this form. Questions on the fingerprinting process can be answered by calling us at (866) 561-5914 (press option 7).

***Privacy Act Notice (PL 93-579)** The submission of social security numbers are mandatory for applicants pursuant to 42 USC 666 and N.J.S.A. 2A:17-56.60(a)1, and are used to uniquely identify candidates for licensure and to comply with child support order enforcement pursuant to N.J.S.A. 2A:17-41, et seq.

**Hearing impaired callers can use the NJ Relay Service by calling 711.