



Fingerprinting & Background Clearance Instructions

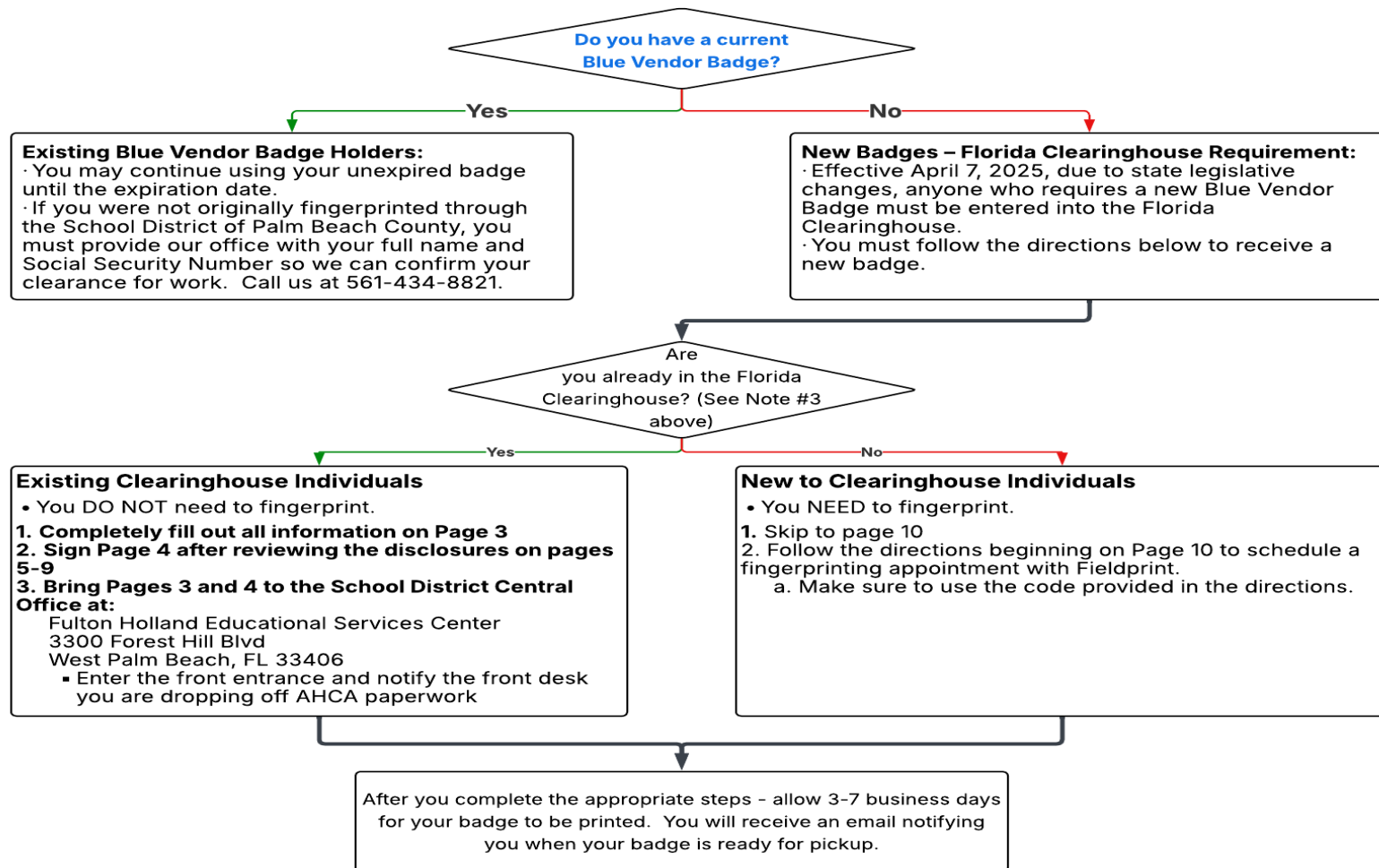
For Vendors, Sports Officials, Student Interns, and Private Practitioners (v. July'25)



Page 1

Important Notes:

- 1) All vendors must review Page 2 regarding the Florida state law requirement to self-report arrests/criminal charges.
- 2) Due to a state level change effective April 7, 2025 – you must read and follow the below directions carefully.
- 3) The Florida Clearinghouse is a state database where background clearances are stored by multiple agencies including DCF, DJJ, AHCA, etc.
Go here for more info: <https://chai.flclearinghouse.com/>





Self-Reporting of Arrests/ Criminal Charges

Page 2

Vendors must have a valid badge before entering any School District campus!

After Clearance - You Must Report any Disqualifying Arrests or Criminal Charges!



- Vendors/contractors are **required by Florida law to report any disqualifying arrests.**
- Vendors with disqualifying offenses are not allowed on campuses.
- **Failure to report arrests/charges may result in being prohibited from working with the School District** and constitute a violation of Florida Statute 1012.467 - a felony offense.

Questions:

Fingerprinting appointment with Fieldprint:

(877) 614-4364

customerservice@fieldprint.com

Clearance or reporting an arrest with School District HR:

HR Operations (561) 434-8821

Fingerprinting@palmbeachschools.org



Care Provider Background Screening Clearinghouse Request Form



Affiliation Code: PPP SC

PAGE 3

You are applying to work in the School District of Palm Beach County, which is a service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse that requires a fingerprint-based background check. A search for an existing background screening result or submission for a new background screening request through the Clearinghouse results website will be conducted on your behalf.

We must collect the following information, which **is required** by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation. The search will be conducted by **the Agency for Health Care Administration (AHCA)**. You may contact them by email DOEBGS@ahca.myflorida.com or phone 850-412-4700.

Applicant Name	Demographics
*First Name: _____	*Gender ☐ Female ☐ Male
Middle Name: _____	*Race: _____
*Last Name: _____	*Hair Color: _____
Aliases: _____	*Eye Color: _____
*SSN: _____	*Height: _____
* Date of Birth: _____	*Weight: _____
* Place of Birth: _____	

Contact Information	Organization/Company Information
*Address Line 1: _____	Company/Org Name: _____
Address Line 2: _____	Supervisor Name: _____
*City: _____	Supervisor Phone Number: _____
*State: _____	Supervisor Email: _____
*Zip: _____	-----
County: _____	*Your Email: _____
	*Your Phone: _____

By signing this document, I certify that all information contained herein is true and accurate. My signature further certifies that there is no falsification of any information, omission of any information, or misrepresentation of any information requested.

By my signature, I authorize the School District of Palm Beach County to conduct any investigation necessary to verify all information identified on this form. By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested may result in loss of my opportunity to work as a school district vendor.

* Signature

DATE:



Note: This form cannot be emailed, because it contains a Social Security Number!



Care Provider Background Screening Clearinghouse Request Form



PAGE 4



PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date



Care Provider Background Screening Clearinghouse Request Form



FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.



Care Provider Background Screening Clearinghouse Request Form



Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.



Declaración de la Ley de Privacidad

Esta declaración de la ley de privacidad se encuentra al dorso del [FD-258](#) [tarjeta de huellas digitales](#).

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018



Care Provider Background Screening Clearinghouse Request Form



NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. ¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



Care Provider Background Screening Clearinghouse Request Form



DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.¹ Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.²
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.³

¹ La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

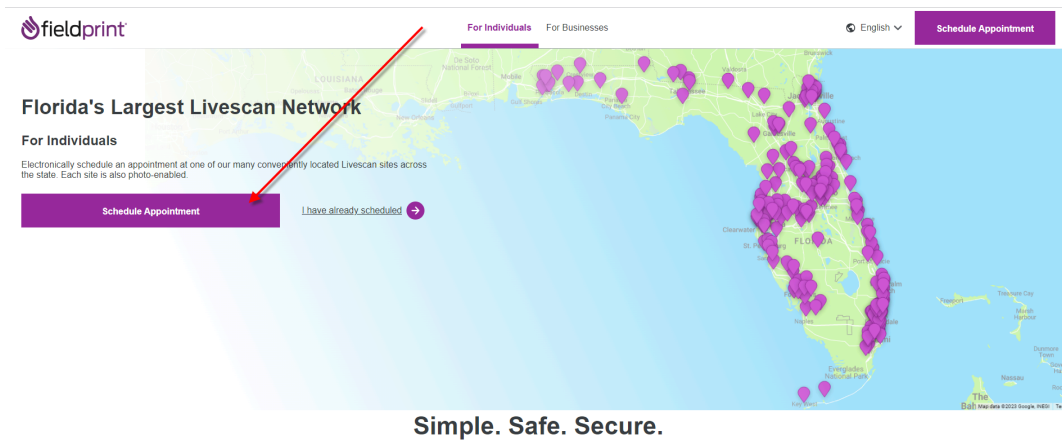
² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).

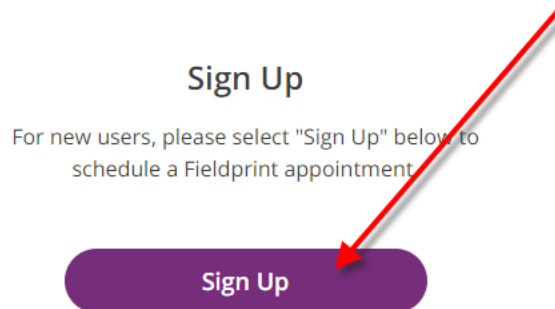


To schedule a fingerprinting appointment, please follow these simple instructions:

1. Visit www.fieldprintflorida.com.
2. Click on the “**Schedule Appointment**” button.



3. Select “**Sign Up**” to create an account as a New User.



4. Select “**I agree**” on the **Consent Agreement**.

authorized to provide this consent.

By clicking on the I Agree button I agree to the use of electronic signatures and to receiving documents and disclosures electronically.

If you DO NOT AGREE to the use of electronic signatures and to receiving documents and disclosures electronically, then please contact Fieldprint Customer Service at the following email address to assist you with a non-electronic option: customerservice@fieldprint.com or call 888-472-8918.

You can download the “Consent Agreement” as a PDF file.

Consent Agreement.pdf (120 K) [Download](#)

- Fill out the required fields in order to create an account with your email (recommended to use your personal email) and select 3 security questions from the drop down menu and type in the answers. Then click “Continue”.

Create Account

Please fill in the following fields to create an account.

★ — Required Fields

Email ★	<input type="text" value="e.g. example@domain.com"/>
Username ★	<input type="text"/>
Password ★	<input type="password"/> show
Confirm Password ★	<input type="password"/> show
First Name ★	<input type="text"/>
Last Name ★	<input type="text"/>
Mobile Phone Number	<input type="text"/>

Security Questions

Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1 ★	<input type="text" value="Select one"/> ▼
Answer 1 ★	<input type="text"/> show
Security Question 2 ★	<input type="text" value="Select one"/> ▼
Answer 2 ★	<input type="text"/> show
Security Question 3 ★	<input type="text" value="Select one"/> ▼
Answer 3 ★	<input type="text"/> show

Back

Continue

- You will be sent a “Fieldprint Account Verification” email that contains an 8 digit code that must be entered on the “Verify Account” page. After entering the Verification Code select “Complete Registration”.
- Log in with your Username and Password.
- Type in the answer to your pre-selected security question and click “Continue”.

9. Enter this Fieldprint code: **FPPBCVENPPPDSC** select “Continue”.

Reason

A Fieldprint Code is required to continue. If you do not have a Fieldprint Code, please contact the employer or organization that directed you to this website.

Fieldprint Code *

Please enter the Fieldprint Code.

Continue

4/5/2024 7:45:32 AM • Explain and Send Screenshots
https://acceptance2.fieldprint.com/wizard/reason

10. Complete the **Personal Information**. You must enter your social security number correctly. An incorrect social security number will result in your fingerprints needing to be redone and a second payment for an additional appointment.

Personal Information

Please enter your personal information below.

Notice
The information entered on this screen must belong to the person being fingerprinted. The name provided for the appointment **must be your full, legal name and must match all forms of identification exactly.** The Date of Birth provided must also be on the primary form of ID, and must match exactly. Your appointment will not be completed if you cannot provide two forms of matching identification.

[Acceptable Forms of ID](#)

★ — Required Fields

First Name *
Middle Name
Last Name *
Suffix
Select one

Other Names
Are there any other names you are known by or have used (including maiden name, if applicable)? *

☐ Yes ☐ No

Social Security Number *
Confirm Social Security Number *

☐ Please check this box to acknowledge your SSN is correctly entered. If entered incorrectly, it may delay processing and/or result in additional charges. *

4/5/2024 7:48:52 AM • Explain and Send Screenshots
https://acceptance2.fieldprint.com/wizard/scheduling/personal-information

11. Proceed to completing your **Demographics**, **Employer**, and **Additional Information**.

Under “**Employer**” information enter the company you work for (which is not the School District).

Under “**Additional Information**,” where it asks for supervisor information, provide the contact information for your company supervisor, not the School District point of contact.

Data Collection

- ✓ Personal Information
- Demographics**
- Employer
- Additional Information
- Photo Tips

Authorization

- Biometric Disclosure
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payment

Confirmation

Demographics

Please complete the following questions. This information is used to positively identify you when performing a fingerprint-based background check.

Notice
Fingerprint is required to provide demographic values established by the FBI and/or state and federal agencies.

Required Fields

Citizenship *

Place of Birth *

City of Birth *

Gender *

Height * ft in

Weight * lb

Eye Color *

Hair Color *

Race *

4/5/2024 7:51:11 AM • Explain and Send Screenshots
<https://acceptance2.fieldprint.com/wizard/scheduling/demographics>

[Back](#) [Continue](#)

fieldprint English

Data Collection

- ✓ Personal Information
- ✓ Demographics
- Employer**
- Additional Information
- Photo Tips

Authorization

- Biometric Disclosure
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payment

Confirmation

Employer

Please enter information below about your current or prospective employer, or the agency or organization that requires you to be fingerprinted.

Required Fields

Employer Name *

Address Line 1 *

Address Line 2 (Suite/Apt/etc.)

City *

Country *

State *

Zip Code *

Phone

4/5/2024 8:12:14 AM • Explain and Send Screenshots
<https://acceptance2.fieldprint.com/wizard/scheduling/employer>

[Back](#) [Continue](#)

fieldprint English

Data Collection

- ✓ Personal Information
- ✓ Demographics
- ✓ Employer
- Additional Information**
- Photo Tips

Additional Information

The employer or organization that sent you to this website or the processing agency requests the following additional information.

Required Fields

Employer Supervisor Name *

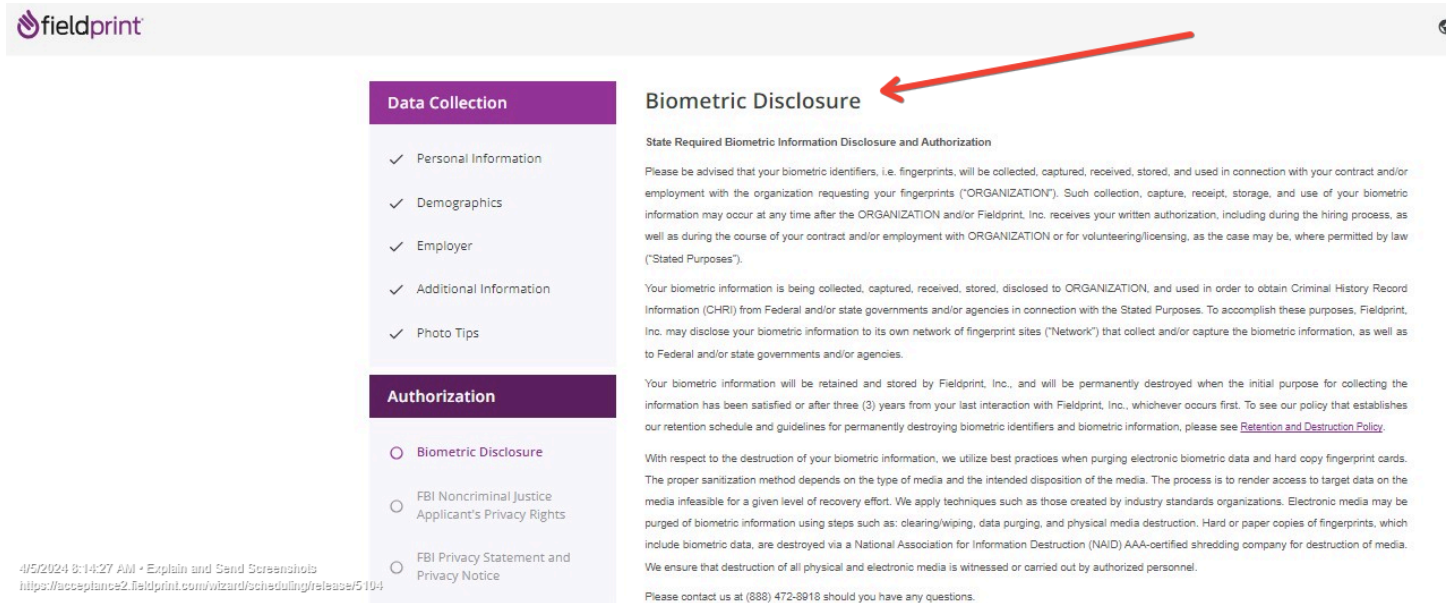
Employer Supervisor Phone Number (###-###-####) *

Employer Supervisor Email *

4/5/2024 8:13:13 AM • Explain and Send Screenshots
<https://acceptance2.fieldprint.com/wizard/scheduling/additional-information>

fieldprint English

12. Acknowledge the three authorizations which include the **Biometric Disclosure** and privacy rights.



fieldprint

Data Collection

- ✓ Personal Information
- ✓ Demographics
- ✓ Employer
- ✓ Additional Information
- ✓ Photo Tips

Authorization

- ☐ **Biometric Disclosure**
- ☐ FBI Noncriminal Justice Applicant's Privacy Rights
- ☐ FBI Privacy Statement and Privacy Notice

Biometric Disclosure

State Required Biometric Information Disclosure and Authorization

Please be advised that your biometric identifiers, i.e. fingerprints, will be collected, captured, received, stored, and used in connection with your contract and/or employment with the organization requesting your fingerprints ("ORGANIZATION"). Such collection, capture, receipt, storage, and use of your biometric information may occur at any time after the ORGANIZATION and/or Fieldprint, Inc. receives your written authorization, including during the hiring process, as well as during the course of your contract and/or employment with ORGANIZATION or for volunteering/licensing, as the case may be, where permitted by law ("Stated Purposes").

Your biometric information is being collected, captured, received, stored, disclosed to ORGANIZATION, and used in order to obtain Criminal History Record Information (CHRI) from Federal and/or state governments and/or agencies in connection with the Stated Purposes. To accomplish these purposes, Fieldprint, Inc. may disclose your biometric information to its own network of fingerprint sites ("Network") that collect and/or capture the biometric information, as well as to Federal and/or state governments and/or agencies.

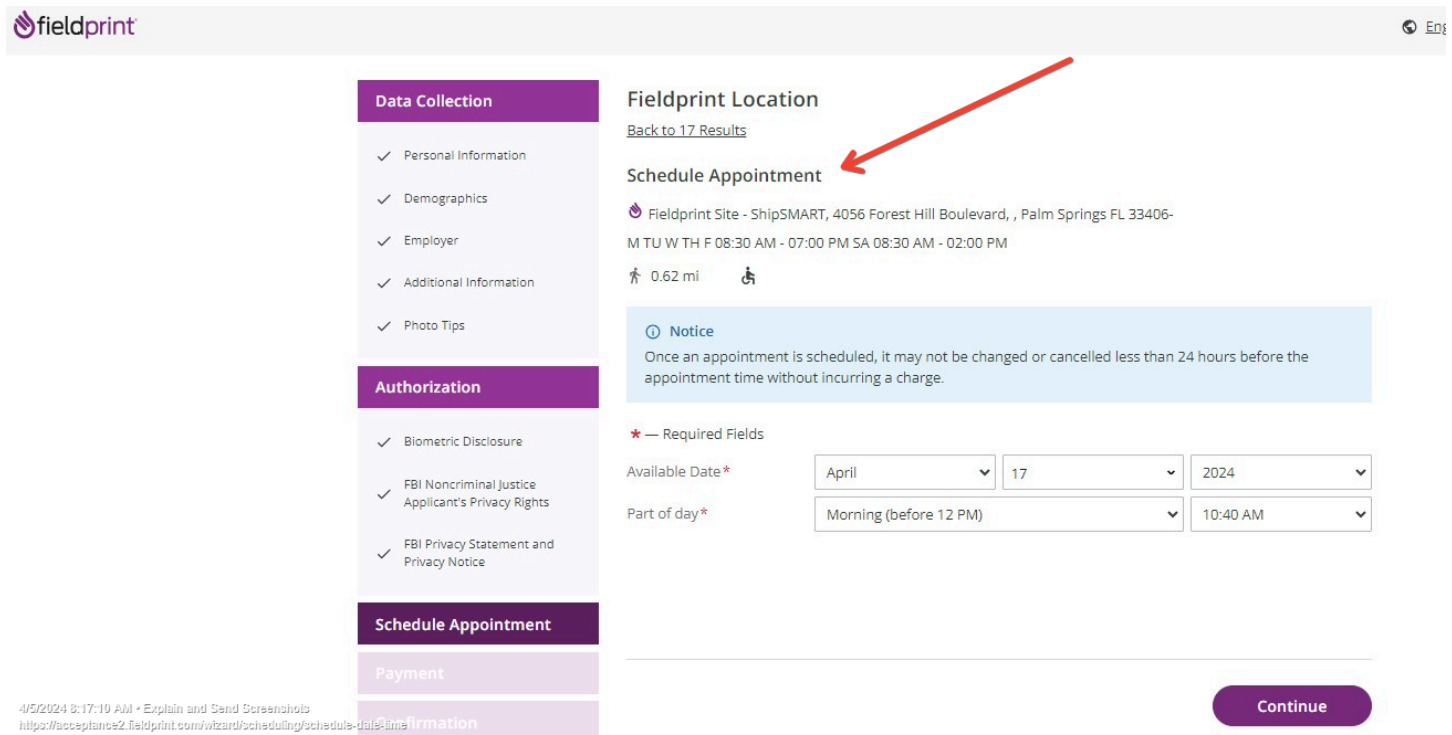
Your biometric information will be retained and stored by Fieldprint, Inc., and will be permanently destroyed when the initial purpose for collecting the information has been satisfied or after three (3) years from your last interaction with Fieldprint, Inc., whichever occurs first. To see our policy that establishes our retention schedule and guidelines for permanently destroying biometric identifiers and biometric information, please see [Retention and Destruction Policy](#).

With respect to the destruction of your biometric information, we utilize best practices when purging electronic biometric data and hard copy fingerprint cards. The proper sanitization method depends on the type of media and the intended disposition of the media. The process is to render access to target data on the media infeasible for a given level of recovery effort. We apply techniques such as those created by industry standards organizations. Electronic media may be purged of biometric information using steps such as: clearing/wiping, data purging, and physical media destruction. Hard or paper copies of fingerprints, which include biometric data, are destroyed via a National Association for Information Destruction (NAID) AAA-certified shredding company for destruction of media. We ensure that destruction of all physical and electronic media is witnessed or carried out by authorized personnel.

Please contact us at (888) 472-8918 should you have any questions.

4/5/2024 8:14:27 AM • Explain and Send Screenshots
https://acceptance2.fieldprint.com/wizard/scheduling/step/5104

13. When scheduling your appointment, choose a **Fieldprint Location**, date and time, then click **"Continue"**.



fieldprint

Data Collection

- ✓ Personal Information
- ✓ Demographics
- ✓ Employer
- ✓ Additional Information
- ✓ Photo Tips

Authorization

- ✓ **Biometric Disclosure**
- ✓ FBI Noncriminal Justice Applicant's Privacy Rights
- ✓ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Fieldprint Location

[Back to 17 Results](#)

Schedule Appointment

📍 Fieldprint Site - ShipSMART, 4056 Forest Hill Boulevard, , Palm Springs FL 33406-
M TU W TH F 08:30 AM - 07:00 PM SA 08:30 AM - 02:00 PM
🚶 0.62 mi 🚸

Notice

Once an appointment is scheduled, it may not be changed or cancelled less than 24 hours before the appointment time without incurring a charge.

★ — Required Fields

Available Date ★

Part of day ★

April 17 2024
Morning (before 12 PM) 10:40 AM

Continue

4/5/2024 8:17:10 AM • Explain and Send Screenshots
https://acceptance2.fieldprint.com/wizard/scheduling/schedule-date-time

14. Enter your **Payment** information and choose “**Finish Scheduling**”.

fieldprint

Data Collection

- ✓ Personal Information
- ✓ Demographics
- ✓ Employer
- ✓ Additional Information
- ✓ Photo Tips

Authorization

- ✓ Biometric Disclosure
- ✓ FBI Noncriminal Justice Applicant's Privacy Rights
- ✓ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payment

Confirmation

Payment

Notice

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. Your appointment will not be scheduled until payment has been completed.

Fee Type	Fee
Fieldprint Scheduling Fee	\$ 87.42

Your Total to Pay: \$ 87.42

Payment Method

PayPal

Debit or Credit Card

Powered by **PayPal**

Back **Finish Scheduling**

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<https://acceptance2.fieldprint.com/wizard/scheduling/payment>

15. Make note of your confirmation details. This information should also be provided to you in your email.

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Data Collection

- ✓ Personal Information
- ✓ Demographics
- ✓ Employer
- ✓ Additional Information
- ✓ Photo Tips

Authorization

- ✓ Biometric Disclosure
- ✓ FBI Noncriminal Justice Applicant's Privacy Rights
- ✓ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payment

Confirmation Details: Kevin B. (Appointment #6263861)

[Print Confirmation](#) [Get Directions](#)

Date and Time: Wednesday, April 17, 2024 10:40 AM

Location: Fieldprint Site - ShipSMART
4056 Forest Hill Boulevard, , Palm Springs FL 33406-

QR Code Notice

Fieldprint uses a camera to scan the QR code and locate your unique appointment information. The camera does not save data or records.

Map **Satellite**

Forest Hill Blvd

VCA Pet Services Veterinary Services

Keyboard shortcuts Map data ©2024 Google Terms Report a map error

Your registration information will also be emailed to you for additional reference. If an email is not received within one hour, please contact Fieldprint at 877-244-2224.

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