

# FINGERPRINT RECORD PREP SHEET

Assignment over 120 days

Providing Direct Patient Services

Yes  No

Yes  No

*PLEASE PRINT CLEARLY*

<b>NAME</b> (LAST, FIRST MIDDLE)			
<b>SS#</b>			
<b>DOB</b> Year/Month/Date			
<b>ALIAS</b>			
<b>SEX</b>		<b>RACE</b>	
<b>EYE COLOR</b>		<b>HAIR COLOR</b>	
<b>HEIGHT</b> (FT/IN)		<b>WEIGHT</b> (LBS)	
<b>PLACE OF BIRTH</b> (COUNTRY/STATE)			
<b>CITIZENSHIP</b>			
<b>SERVICE</b>			
<b>POSITION</b>			
<b>ADDRESS</b>			

Work Status (check one of the following):

			Initials			
	*	Permanent Staff			***	Fee Basis
	*	Temporary Staff			***	Consultant/Attending
	*	Work Study			***	Without Compensation (WOC)
	*	IPA Appointee				Resident/Fellow
	*	Purchase & Hire				Volunteer
	**	Contractor				Other -

- \*Initials of HRMS employee required
- \*\*Initials of A&MMS employee required
- \*\*\*Copy of appointment letter required

**Signature of Service Chief (or designee):**

Date: \_\_\_\_\_

**DATE FINGERPRINTED:** \_\_\_\_\_

**FINGERPRINTED BY:** \_\_\_\_\_

<b>NAME</b> (LAST, FIRST, MIDDLE)	
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**Police Service Certification**

I certify that the individual identified above was fingerprinted on the date indicated.

\_\_\_\_\_ Date: \_\_\_\_\_