SOUTHSIDE RESCUE SQUAD, INC.
"Help Us That We May Help Others"
P. O. Box 546
South Hill, Virginia 23970

To All Potential Members/Career Providers:

Please read the attached "Criminal History Record Verification-Fieldprint (fingerprint submission) attachments.

No applicant will be considered for membership/employment until the fingerprint requirement has been met.

If you have any questions, please contact Katie Hodges at the Virginia Office of EMS at 804-888-9133.

Southside Rescue Squad
810 West Atlantic Street
South Hill, VA 23970
(434) 447-5038
southsiderescue@embarqmail.com

APPLICATION TYPE
- ☐ SENIOR
- ☐ JUNIOR
- ☐ AUXILIARY
- ☐ ASSOCIATE
- ☐ CAREER

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security #	Birth Date

Street Address	City	State	Zip Code

Home Phone Number	Work Phone Number	Cell Phone Number

County of Residence	How long have you lived at current address?

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor that might reasonably affect your ability to perform this job? Yes No

If yes to either please explain:

MEDICAL CONDITIONS

Do you have any preexisting medical conditions that require doctors care? Yes No

If yes, Explain:

Have you been immunized against Hepatitis? Yes No

If yes, When?

PERSONAL REFERENCES

Name	Address	Work phone number	Home phone number

WORK EXPERIENCE (Start with most recent)

Job Title:	Employer Name and Address:	Supervisor: Phone Number
Dates Employed: From:_____ To:_____	Job Status: Full Time Part Time Temporary Volunteer Military	
Salary: Start: _____per _____ Finish: _____per _____	Number of hours worked per week:	
Reason for Leaving:		
Can Employer be contacted for reference:		
Description of Duties:		

CONSENT OR REFUSAL FOR HEPATITIS B VACCINE

CONSENT: I have attended an inservice on Hepatitis B virus and Hepatitis vaccine. I have had an opportunity to ask questions and understand the benefits and risks . I understand that I must have three (3) doses of the vaccine to confer immunity. However with all medical treatment, there is no guarantee that I will be immune of that I will not experience an adverse side effect from vaccine. I request that it be given to me. I certify that I am not pregnant at this time nor contemplating pregnancy for the next six (6) months. I will notify the Infection Control Officers in the event I have a reaction to the vaccine. I am aware it is to administered in three (3) doses at appropriate intervals and release Southside Rescue Squad, Inc. of any further responsibility should I fail to complete the three (3) doses and become exposed to the Hepatitis B virus.

_____ _____

Name of person to receive Vaccine (Please Print.) Parental Consent (Please Print)

_____ _____

Signature of Person to receive Vaccine Parental Signature

_____

Witness

DECLINATION:

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge.

_____ _____

Name of person NOT accepting vaccine Date

_____

Signature of person NOT accepting vaccine

_____

Witness

SOUTHSIDE RESCUE SQUAD, INC.

Policy on Confidentiality and Dissemination of Patient Information and Staff Member Verification

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. SOUTHSIDE RESCUE SQUAD, INC. prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that SOUTHSIDE RESCUE SQUAD, INC. provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of SOUTHSIDE RESCUE SQUAD, INC.'s patients. I understand that it is necessary, in the rendering of SOUTHSIDE RESCUE SQUAD, INC. services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by SOUTHSIDE RESCUE SQUAD, INC. during my entire employment or association with SOUTHSIDE RESCUE SQUAD, INC. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of SOUTHSIDE RESCUE SQUAD, INC. immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with SOUTHSIDE RESCUE SQUAD, INC. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. This is not a contract for continued employment.

I have read and understand all privacy policies and procedures that have been provided to me by SOUTHSIDE RESCUE SQUAD, INC. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment or of any membership or association with SOUTHSIDE RESCUE SQUAD, INC. This is not a contract of employment and does not alter the nature of the existing relationship between SOUTHSIDE RESCUE SQUAD, INC. and me.

Signature: _____ *Date:*_____

Printed

Name:_____

MEMBERSHIP REQUIREMENTS

Senior Membership:

1. Obtain and Maintain CPR certification.
2. 12 hour shift of call duty each week.
3. 24 hours of weekend duty on a rotating basis.
4. Attend business meeting 1st Wednesday night of each month and training meeting on 3rd Wednesday night of each month.
5. Members are expected to obtain EMT class (Emergency Medical Technician) and EVOC (Emergency Vehicle Operators Course) within 12 months of joining. We provide these classes at no cost to our members.
6. Six months of probation.

Junior Membership:

1. Must be minimum of 16 years old. Under the age of 18 requires parental consent.
2. Obtain and Maintain CPR certification.
3. 6 hour shift of call duty each week during school (4pm-10pm) or 12 hour shift during non-school periods.
4. 24 hours of weekend duty on a rotating basis.
5. Members are expected to obtain EMT class (Emergency Medical Technician) and EVOC (Emergency Vehicle Operators Course) within 12 months of joining. We provide these classes at no cost to our members.
6. Must maintain school grades.
7. Three months of probation.

Associate Membership:

1. Obtain and Maintain CPR certification.
2. Combined 90 hours of weekly call duty and weekend call duty per quarter.
3. No voting rights.
4. Accrued hours per quarter must be approved by the captain.
5. Associate membership time does not accrue time towards life membership.
6. Members are expected to obtain EMT class (Emergency Medical Technician) and EVOC (Emergency Vehicle Operators Course) within 12 months of joining. We provide these classes at no cost to our members.
7. Six months of probation.

Auxiliary Membership:

1. Obtain and Maintain CPR certification.
2. Meet Auxiliary membership standards.

Read Carefully Before Signing

Certification of Application Information

I certify that the information I have provided to the previous questions is true and correct and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading. I will be subject to dismissal at any time and I agree to hold Southside Rescue Squad, Inc. its officials and employees harmless in that event.

Authorization to Obtain Information

I authorize Southside Rescue Squad Inc. to conduct a background investigation in connection with my application. This investigation may include information as to my grades, criminal convictions, DMV records, present employers, references, military records, and other appropriate sources.

Statement of Membership Obligation

I understand that if I am accepted for membership in the Southside Rescue Squad, Inc. the Bylaws, Rules, and Regulations shall govern me. I shall be responsible for carrying out the regulations and duties to the best of my ability. Senior members are expected to take EMT class (Emergency Medical Technician) and EVOC (Emergency Vehicle Operators Course) with in twelve months.

_____ _____

Applicant Signature Date

Parent/Guardian permission (for applicant under age of 18)

_____has my permission to join the Southside Rescue Squad, Inc. and further has my permission to assist on emergency call.

_____ _____

Parent/Guardian's Signature Date

We appreciate your interest in the Southside Rescue Squad, Inc. Since our inception in 1960, we have provided quality patient care to those who call. We are looking for highly motivated and enthusiastic volunteers to join us in providing quality emergency medical treatment to the citizens of our community and surrounding area. For this reason it is important that you complete the application in its entirety.

Requirements for joining the Southside Rescue Squad, Inc.

1. Must be 16 years of age. (Junior members under 18 old must have parental consent
2. Must be physically fit.
3. Must be of good character
4. Must be able and willing to answer emergency medical calls.
5. Consent of criminal record check

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DISCLOSURE AND RELEASE FORM
EMPLOYEE DRIVING RECORD INFORMATION

1. Because I must drive as an essential function of my employment/Volunteer. I hearby give permission for **Southside Rescue Squad, Inc.** to obtain my state driving record (also known as my Motor Vehicle Record or MVR) in accordance with the Fair Credit Reporting Act(FCRA) and the Federal Driver Privacy Protection Act (DPPA).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize the **Southside Rescue Squad, Inc**. to obtain a copy of my state driving record
4. I understand that I have a right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
5. This authorization shall remain on file by **Southside Rescue Squad, Inc**. for the duration of my employment, or as long as I serve **Southside Rescue Squad, Inc**. and will serve as an ongoing authorization for **Southside Rescue Squad, Inc**. to procure my state driving record at any time during my employment or volunteer period.
6. I understand that **Southside Rescue Squad, Inc**. may take adverse action affecting my employment or volunteer status based on information in my driving record. If such adverse actions is taken, I acknowledge that my rights are as follows:
    1. Employer must notify me in writing of any such adverse action
    2. I have the right to receive a copy of the driving record upon which the adverse action was based.

3. I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address and phone number of the reporting agency that provided my driving record to Southside Rescue Squad, Inc.
4. I have the right to dispute the accuracy or completeness of my driving record with the reporting agency and request that errors be corrected

_____	_____	_____
Employee Name (print)	Employee Signature	Date

_____-_____-_____	_____	_____
Social Security Number	Driver's License Number and State	Date of Birth

Criminal History Record Verification – Fieldprint (Fingerprint submission)

Virginia Office of EMS
Division of Regulation and Compliance
1041 Technology Park Drive
Glen Allen, VA 23059
804-888-9100

If you have questions regarding the Fieldprint (fingerprint submission), please visit the Virginia Office of EMS (OEMS) website Frequently Asked Questions (FAQ).

In order to submit fingerprints, please visit the OEMS website, click on Regulation and Compliance, and then click Fingerprint Submission.

The applicant will have to answer three easy questions. Based on their answers, a FieldPrint code will be generated that the applicant is to use. The applicant will then click the link for FieldPrint and create their FieldPrint account/profile and Fieldprint will guide the applicant through the process.

The applicant must provide the EMS agency number (License number) and their Certification number if they are certified or endorsed. Non-certified applicants will not be asked for a certification number.

The appointment can only be scheduled by the applicant - **not the agency,** as the application is specific to a social security number and is specific to the applicant, **not the agency**.

Again for clarity - agencies **cannot** create profiles or appointments for applicants.

Applicants that **do not** hold a Virginia Office of EMS certification will be required to make payment at the time of scheduling their appointment. FieldPrint fees are as follows: $35.72 for career agency or $28.72 for a volunteer agency. Applicants that **are** certified or endorsed by the Virginia Office of EMS will not be prompted to pay.

When the applicant completes the scheduling process a confirmation number will be assigned. Please print or take note of this confirmation number (#) and be prepared to provide this along with two forms of ID, when arriving for your appointment. This confirmation also serves as receipt of payment and successful scheduling of fingerprint submission.

**If the Fieldprint location is too far away or the available hours are too limited, an option is available for FieldPrint to mail the applicant a paper and ink card that the applicant will take to their local law enforcement station or office to be completed, then mailed back to Fieldprint for processing.

For more information on how to exercise this option, please contact Mrs. Katie Hodges in the Regulation and Compliance Division at 804-888-9133.

FieldPrint Paper/Ink Card Request Instructions

Virginia Office of EMS
Division of Regulation and Compliance
1041 Technology Park Drive
Glen Allen, VA 23059
804-888-9100

If the Fieldprint location is too far away or the available hours are too limited, an option is available for FieldPrint to mail the applicant a paper and ink card that the applicant will take to their local law enforcement station or office to be completed, and then mailed back to Fieldprint for processing.

Applicant will need to go to the OEMS website click on Regulation and Compliance then click Fingerprint Submission.

The applicant must answer three questions to obtain correct FieldPrint Code. The applicant will then click the link for FieldPrint and create their FieldPrint account/profile and FieldPrint will guide the applicant through the process of scheduling their appointment.

If you plan to request a paper & ink card from FieldPrint - you MUST schedule your appointment NO LESS than 14 days from the time of your request.

The applicant must provide the EMS agency # (License #) they are joining and their Certification number if they are certified or endorsed. Non-certified applicants will not be asked for a certification #. If the applicant is **not** currently certified by the Virginia Office of EMS they will be required to pay when scheduling this appointment.

The appointment can only be scheduled by the applicant - **not the agency** as the application is specific to a social security number and is specific to the applicant, **not the agency**.

When the applicant completes the scheduling process, a confirmation number will be provided. Please print or take note of this confirmation number (#) and be prepared to provide this along with two forms of ID, when arriving for your appointment. This confirmation # is also required to request a paper & ink card to be mailed.

How to Request a FieldPrint paper & ink card for fingerprint submission:

After scheduling your FieldPrint appointment 14 days in advance - return to the OEMS website.

Click on the Regulation and Compliance tab.

Then under Quick Links / Forms

Select Fingerprint Submission-Paper Card Request

Complete all required fields, as marked with (*) **Request will not submit if required information is missing.**

Provide your EMS Certification # if you hold a certification or endorsement.
If not certified or endorsed simply leave this box blank.

Individual Completing Request: Name and mailing address of requestor must be complete and accurate for FieldPrint to mail fingerprint card. Please include phone numbers and email addresses. If any required fields are left blank, then the request will be incomplete and will not submit.

- You **MUST** check the acknowledgement box, confirming you have scheduled your FieldPrint appointment.
- You **MUST** click "Submit" at the bottom of the form to complete your request.
- The Office of EMS will advise FieldPrint to mail a paper & ink fingerprint card packet to applicant.
- When the packet arrives in the mail, take it to your local law enforcement office and have fingerprints applied to the card.
- When the fingerprint card is completed, place the card in the postage paid envelope provided by Fieldprint and mail back to FieldPrint.

For more information on how to exercise this option, please contact Background Investigator, Mrs. Katie Hodges, with Regulation and Compliance Division at 804-888-9133 or Kathryn.Hodges@vdh.virginia.gov

Criminal History Record Verification, Code of Virginia and EMS Regulations Citation

Virginia Office of EMS
Division of Regulation and Compliance
1041 Technology Park Drive
Glen Allen, VA 23059
804-888-9100

§ 32.1-111.5. Certification and recertification of emergency medical services providers; appeals process.

A. The Board shall prescribe by regulation the qualifications required for certification of emergency medical services providers, including those qualifications necessary for authorization to follow Do Not Resuscitate Orders pursuant to § 54.1-2987.1. Such regulations shall include criteria for determining whether an applicant's relevant practical experience and didactic and clinical components of education and training completed during his service as a member of any branch of the armed forces of the United States may be accepted by the Commissioner as evidence of satisfaction of the requirements for certification.

B. Each person desiring certification as an emergency medical services provider shall apply to the Commissioner upon a form prescribed by the Board. Upon receipt of such application, the Commissioner shall cause the applicant to be examined or otherwise determined to be qualified for certification. When determining whether an applicant is qualified for certification, the Commissioner shall consider and may accept relevant practical experience and didactic and clinical components of education and training completed by an applicant during his service as a member of any branch of the armed forces of the United States as evidence of satisfaction of the requirements for certification. If the Commissioner determines that the applicant meets the requirements for certification as an emergency medical services provider, he shall issue a certificate to the applicant. An emergency medical services provider certificate so issued shall be valid for a period required by law or prescribed by the Board. Any certificate so issued may be suspended at any time that the Commissioner determines that the holder no longer meets the qualifications prescribed for such emergency medical services provider. The Commissioner may temporarily suspend any certificate without notice, pending a hearing or informal fact-finding conference, if the Commissioner finds that there is a substantial danger to public health or safety. When the Commissioner has temporarily suspended a certificate pending a hearing, the Commissioner shall seek an expedited hearing in accordance with the Administrative Process Act (§ 2.2-4000 et seq.).

C. The Board shall prescribe by regulation procedures and the qualifications required for the recertification of emergency medical services providers.

D. The Commissioner may issue a temporary certificate when he finds that it is in the public interest. A temporary certificate shall be valid for a period not exceeding 90 days.

E. The Board shall require each person who, on or after July 1, 2013, applies to be a volunteer with or employee of an emergency medical services agency to submit fingerprints and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation, for the purpose of obtaining his criminal history record information. The Central Criminal Records Exchange shall forward the

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results of the state and national records search to the Commissioner or his designee, who shall be a governmental entity. If an applicant is denied employment or service as a volunteer because of information appearing on his criminal history record and the applicant disputes the information upon which the denial was based, the Central Criminal Records Exchange shall, upon written request, furnish to the applicant the procedures for obtaining a copy of the criminal history record from the Federal Bureau of Investigation.

F. Notwithstanding the provisions of subsection E, an emergency medical services agency located in a locality having a local ordinance adopted in accordance with §§ 15.2-1503.1 and 19.2-389 shall require an applicant for employment or to serve as a volunteer to submit fingerprints and provide personal descriptive information to be provided directly to the Central Criminal Records Exchange to be forwarded to the Federal Bureau of Investigation for the purpose of obtaining criminal history records information for the applicant. The Central Criminal Records Exchange shall, upon receipt of an applicant's records or notification that no records exists, forward the results of the state and national records search to the county, city or town manager or chief law-enforcement officer for the locality in which the agency is located, or his designee, who shall be associated with a governmental entity. Upon receipt of the results of the state and national criminal history records search, the county, city or town manager or chief law-enforcement officer for the locality, or his designee, shall notify the Office of Emergency Medical Services regarding the applicant's eligibility for employment or to serve as a volunteer. Information provided to the Office of Emergency Medical Services shall be limited to notification as to whether the applicant is eligible for employment or to serve as a volunteer in accordance with requirements related to disqualifying offenses set forth in regulations of the Board and shall not include information regarding whether the applicant has been found ineligible for employment or to serve as a volunteer due to additional exclusionary criteria established by the locality. Whenever fingerprints are submitted to both authorities and it is deemed feasible and practical by the Central Criminal Records Exchange it shall forward the results of the fingerprint based state and national records search to the county, city or town manager or chief law enforcement officer for the locality in which the agency is located, or his designee, who shall be associated with a governmental entity, and to the Office of Emergency Medical Services.

http://law.lis.virginia.gov/vacode/32.1-111.5/

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Division of Regulation and Compliance
1041 Technology Park Drive
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804-888-9100

12VAC5-31-540. Personnel records.

A. An EMS agency shall have a current personnel record for each individual affiliated with the EMS agency. Each file shall contain documentation of certification, training and qualifications for the positions held.

B. An EMS agency shall have a record for each individual affiliated with the EMS agency documenting the results of a criminal history background check conducted through the Central Criminal Records Exchange and the National Crime Information Center via the Virginia State Police, a driving record transcript from the individual's state Department of Motor Vehicles office, and any documents required by the Code of Virginia, no more than 60 days prior to the individual's affiliation with the EMS agency.

http://law.lis.virginia.gov/admincode/title12/agency5/chapter31/section540

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia

FINGERPRINTING

All members joining a licensed EMS agency must submit to a finger print based criminal history background check and be approved by the OEMS for both affiliation and certification. This includes non EMS certified members such as drivers. There is NOT a grandfather clause to this regulatory change. Affiliated non-certified members that no longer meet eligibility requirements as of November 2, 2018 may not continue affiliation or participate in any way with a licensed EMS agency or onboard a OEMS licensed vehicle.

The Office of EMS. Regulation & Compliance Division will be outsourcing the collection of finger prints for background checks to the state contract vendor, FieldPrint. Fieldprint fingerprinting will go live on January 1, 2020. Once Fieldprint is "live", the Virginia Office of EMS will no longer process paper-based fingerprint cards.

To begin the Fieldprint process, please choose from one of the following selections. You should base your selection on the agency you are seeking to join.

I'm joining a Career Agency

I'm joining a Volunteer Agency

VOLUNTEER – VIRGINIA CERTIFIED EMS PROVIDER

fieldprint®

To schedule a fingerprinting appointment, please follow these simple instructions. Your application cannot be finalized and a certification issued until your have completed your fingerprinting through Fieldprint.

1. Visit http://fieldprintvirginia.com

2. Click on the "*Schedule an Appointment*" button.

3. Enter an email address under "*New Users/Sign Up*" and click the "*Sign Up*" button. Follow the instructions for creating a Password and Security Question and then click "*Sign Up and Continue*".

4. Enter the Fieldprint Code **FPV1041C** when requested.

5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.

6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.

7. If you have any questions or problems, you may contact our customer service team at 877-614-4364 or customerservice@fieldprint.com.

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia

FINGERPRINT SUBMISSION – PAPER CARD REQUEST FORM

Fingerprint Submission - Paper Card Request Form

This is the Fingerprint Submission Process for Paper Card Requests.

Note: To request an ink and paper card, you must first schedule a fieldprint appointment. Your fieldprint confirmation number will be required. *

I confirm that I have scheduled my fieldprint appointment.

Enter your reason for a paper card request. If you are submitting your fingerprints electronically, you DO NOT need to fill out this paper card request form. Please enter a reason that will support why you cannot submit your fingerprints electronically. I.e. the location is too far away or the hours are not reasonable. *

0 of 500 max characters

Name *

First

Last

Date of Birth *

Phone *

Email *

EMS Certification Number

Social Security Number (Last four digits only) *

0000

Enter last four digits only

Fieldprint Confirmation Number *

EMS Agency License Number *

This is the license number of the EMS Agency that you're requesting to join.

Submit

Skip to main content

fieldprint

Already have an appointment?

Login

Fieldprint® Fingerprinting

Serving Virginia

Simple. Safe. Secure.

- Quick, easy scheduling
- Convenient locations
- Fast, professional fingerprint collections

Schedule an Appointment

- » How It Works
- » Our Locations
- » Set Up An Account
- » FAQs
- » About Fieldprint

Fieldprint's fingerprinting process is quick, easy and convenient!

- **1. Schedule Your Visit**

Sign in to our secure system to schedule your fingerprinting appointment at a convenient site near you.

- ## 2. Attend Appointment

  Visit our professional collection location and have your fingerprints scanned electronically.

- ## 3. Get Results Fast!

  We submit your fingerprints to the state electronically, so your results are returned quickly.

Applicants - Get started today! It's easy to schedule an appointment.

- Home |
- Glossary |
- History of Fingerprinting |
- Site Map |
- Legal / Privacy |
- Contact Us |

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Schedule an Appointment

- » How It Works
- » Our Locations
- » Set Up An Account
- » FAQs
- » About Fieldprint

Our Locations

At Fieldprint®, a positive applicant experience is our top priority. We offer the largest network of Livescan fingerprint collection sites, so there's always a location close to you.

To ensure a comfortable experience for you, we offer only businesslike, professional locations staffed by individuals highly trained in both fingerprint collection techniques and customer care. And, we ensure security by performing background checks on all of our staff members, and using hardware and software that does not store any of your personal data.

Our Locations

The following locations allow you to conveniently select a date and time for your appointment using this website.

Please enter the address or ZIP code of your location
23970

Address	City	Distance	Hours of Operation
811 South Main Street	Blackstone, VA	23 mi	M TU W TH F 08:30 AM - 04:00 PM SA 08:30 AM - 12:00 PM Appointment required

Applicants - Get started today! It's easy to schedule an appointment.

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