Fingerprinting Special Instructions for Research Service Applicants and Employees

- Research Service employees are **not** under VISN8 local HR.
- Research Service employees are under **Human Resources Management and Consulting Services (HRMACS).**
- HRMACS is under the **Veterans Health Administration Central Office (VHACO)** in Washington, D.C.
- Fingerprinting for Research Service applicants and employees are performed at the Malcom Randall VA Medical Center as a **courtesy** for VHACO.
- **SF306** – **not** required to complete **courtesy** fingerprinting.

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Research applicants and employees ONLY!

Below is the information to fill out on the fingerprinting form.

VA Work Location: **573**

Organization (**VHA**, VBA, NCA, VACO, etc.): **VHA**

Courtesy Prints for another Facility: **Yes**

Facility: **VHACO - Veterans Health Administration Central Office**

SOI#: **VA03**

SON#: **3269**

FINGERPRINT REQUEST FORM

Bring with you two (2) original IDs (Identity Source Documents) from the list below
https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf
Complete all fields on this form to the best of your ability

Applicant Category: Check One

☐	**EMPLOYEE**	☐	**CONTRACTOR**	☐	**HEALTH PROFESSONS TRAINEE (VHA intern, resident, fellow, student)**
☐	**AFFILIATE**	☐	**VOLUNTEER**	☐	**OTHER:**

ENTER YOUR NAME EXACTLY AS IT APPEARS ON IDs

Name: (Last, First, Middle)		Other Last Names Used
SSN (use of pseudo number is not permitted)	Position Title	Telephone #
Date of Birth: (mm/dd/yyyy)	City/State and Country of Birth	
E-Mail Address	Country of Citizenship	Dual Citizen?
VA Work Location 573	Organization (VHA, VBA, NCA, VACO, etc.) VHA	Start Date N/A
Contractors Only: Company Name N/A	Company Address/Work Email N/A	
Health Professions Trainees Only: School Name N/A	Training Program N/A	

FINGERPRINT LOCATION 573		FINGERPRINT DATE (mm/dd/yyyy)		PREVIOUS VA PIV CARD HOLDER (Yes/No) No	
GENDER (M/F)	HEIGHT (inches)	WEIGHT (US pounds)	HAIR COLOR	EYE COLOR	RACE/ETHNICITY

Courtesy Prints for another Facility: ☑
Facility: **VHACO - Veterans Health Administration Central Office**
SOI#: **VA03**
SON#: **3269**

Fingerprint Results Cleared: YES NO (Circle One)
Date/Initials of Clearance: _____