Step by step screen shot and info for Finger prints

Step 1a. Go to https://extension.arizona.edu/locations select your county, and copy down the office address.

Step 1b. Go to https://arizona.fieldprint.com

G∎₀gle	https	://arizon	a.fieldprir	nt.com			L.	Q	
	All	News	Maps	Videos	Shopping	More	Settings	Tools	
	About Sign https If you regist	12,400 res in - Field ://arizona. are a new ration proc	ults (0.22 s dprint fieldprint.c user, please tess by ente	econds) com/ ▼ e register wit rring your e-n	h Fieldprint ® ir nail address	order to schedul	le your appointment. B	egin the	

Step 2. When in the fieldprint website enter your email address under New Users/Sign Up. Click Sign Up

Stieldprint	English Español Français
	Need More Help? Frequently Asked Questions
By logging into this system, the user acknowledges and agrees as follows this system constitutes consent to security monitoring and auditing; (4) U and/or civil penalties.	s: (1) That this is a restricted computer system; (2) It is for authorized use only; (3) Use of nauthorized or improper use of the system is prohibited and may be subject to criminal
Required items are marked with *	
New Users Sign Up If you are a new user, please register with Fieldprint® in order to schedule your appointment. Begin the registration process by entering your e-mail address below. Email address: * [Sign Up	Existing Users Sign In If you already have an account, please log in below to : • Check your appointment status • Re-schedule your appointment • View and print your receipt Temail address: * Password: * Sign In

Step 3. Fill out password and security answers, Click Sign Up and Continue

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0 2		N	leed More Help? Frequently Asked Questions
Sign Up	We value your personal informati	ion and keeping it secure at ALL I Your infor	mation is saved as you complete each step. You can log in a at any time.
Required items are man	rked with *		
To register with Fie	eldprint®, please enter the password you would like to	o use below, along with a security question and	answer.
Must contain at lea May not be the say May not contain th May not be the say May not contain ty Reserved Security Question	ast ore zaplal letter, one lowercase letter, one numbe me ayour current password ne phrase 'password' or match any on Fieldprint's than me as a password' or un text used in the last 14 days me as a password' or un text used in the last 14 days me as any of your last 12 password's used out little to use * dat *	r and one special character (/i@#\$5%*?,+ ~= ned" password list	=DC::>
Security Question	0		
Answer to your S	Security Question *		
	?		

Step 4. Applying for Clearance Card? Be sure to select Clearance Card-Identity Verified Prints (IVP) – Volunteer or Student

Applying for a Clearance Card?		
Click on the appropriate Select button below. If you do not know your application type, please visit https://	/www.abdos.cov/services/public/fingerprint/cardtypes to get the application type.	
Select Enter Fieldprint Code	Provided to each applicant by the state agency responsible for payment of the fee for the Clearance Card.	
Select Clearance Card - Regular Application – Paid Employee	The applicant is licensed or seeking licensure by a state agency and is responsible for payment of the fee for the Clearance Card. This application does not apply to the Identity Verified Prints necessary for certified bachers, tutors, instructors, vendors, or contractors associated with public and/or charter exholos.	
Sekect Clearance Card - Regular Application - Volunteer or Student	The applicant is a volunteer licensed or seeking licensure by a state agency, or a Health Science studer/UClinical Assistant completing coursevork for licensure by a state agency and is responsible for payment of the fee for the Clearance Card. This application does not apply to the identity Verified Prints necessary for certified teachers, tutors, instructors, vendors, or contractors associated with public and/or charfer schools.	
Select Clearance Card - Identity Verified Prints (IVP) – Paid Employee	The applicant is certified or seeking certification/licensure as a teacher, tutor, instructor, vendor, or contractor in public or charter schools in Arizona and is responsible for payment of the fee for the Clearance Card. This application does not apply to any other certificate or licensure positions.	
Select Clearance Card - Identity Verified Prints (IVP) – Volunteer or Student	The applicant is a volunteer seeking certification/licensure or a student completing coursework as a teacher, tutor, instructor, vendor, or contractor in public or charter schools in Arizona and is responsible for payment of the fee for the Clearance Card. This application does not apply to any other certificate or licensure positions.	
Select Clearance Card - Identity Verified Prints (IVP) Renewal - Paid Employee	The applicant holds a current or expired (1 year limit) Engerprint Clearance Card and seeks renewal of certification/licensure as a leacher, tutor, instructor, vendor, or contractor in public or charter schools in Artizona and is responsible for payment of the fee for the Clearance Card. This application does not apply to any other certificate or licensure positions.	
	By selecting this reason and entering a valid IVP Number with a matching date of birth, you are requesting AZ Department of Public Safety to use fingerprints previously submitted. You will not be prompted to schedule an appointment.	
Select Clearance Card - Identity Verified Prints (IVP) Renewal – Volunteer or Student	The applicant is a volunteer or student completing coursework and holds a current or expired (1 year limit) Fingerprint Clearance Card and seeks renewal of certificationicensure as a teacher, tutor, instructor, vendor, or contractor in public or charter schools in Artizona and is responsible for payment of the fee for the Clearance Card. This application does not apply to any other certificate or licensure positions.	
	By selecting this reason and entering a valid IVP Number with a matching date of birth, you are requesting AZ Department of Public Safety to use fingerprints previously submitted. You	

Step 5. Verify the clearance card is Identity Verified Prints (IVP) – Volunteer or Student

Stieldprint	Welcome,	Logout	English Español Françai
			Need More Help? Frequently Asked Questions
Reason	We value your personal information and times <u>Privacy Statement</u>	keeping it secure at ALL Your in continu	formation is saved as you complete each step. You can log in and re at any time.
Confirm the reason se	lected for fingerprinting		
Clearance Card - Identity Veril	fied Prints (IVP) – Volunteer or Student		
The applicant is a volunteer see charter schools in Arizona and is positions.	king certification/licensure or a student compl s responsible for payment of the fee for the C	eting coursework as a teacher, tutor, ir learance Card. This application does n	structor, vendor, or contractor in public or ot apply to any other certificate or licensure
If you do not know your applicat	ion type, please visit <u>https://www.azdps.gov/s</u>	ervices/public/fingerprint/cardtypes to	get the application type.
 Continue Back			

Step 6. Select the box for "Public and/or Charter School Non-certificated Personnel"

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0	2	3	4	5	Need More Help?
Data Collection	Authorization	Time and Locat	ion Payment	Confirmation	Frequently Asked Questions
Spor	nsors	We value y	our personal information and keepin ov <u>Statement</u>	g it secure at ALL	our information is saved as you complete each step. You can log ir ontinue at any time.
	Tutor or Teacher Prepar	ation Programs	ARS §15-534	Any person who parti approved by the state contracted by this sta provide tutoring servi	cipates in a teacher preparation program that is board of education or any person who is te, by a school district or by a charter school to ces
0	Charter School Instructo	or	ARS §15-183	All persons engaged laboratory or other test speech therapist or p	in instructional work directly as a classroom, acher or indirectly as a supervisory teacher, rincipal.
	Public and/or Charter So Subcontractor or Vendo Employees	chool Contractor, r and their	ARS §15-512	A contractor, subcont subcontractor or veno regular basis at an ini	ractor or vendor or any employee of a contractor, dor who is contracted to provide services on a dividual school.
	Public and/or Charter So certificated Personnel	thool Non-	ARS §15-512	Non-certificated perso of the school district a of a pupil who attends allowed to provide se	onnel and personnel who are not paid employees and who are not either the parent or the guardian s school in the district but who are required or rvices directly to pupils without the supervision of

Step 7. Fill out Step one of Data Collection by filling out your personal information. Save and Continue

Data Authoriza Collection	ton Time and Location	Payment	Confirmation	Tradition touring and and the	
Personal Information	We value your po	rsonal information and keeping terment	it secure at ALL 💾 Y	bur information is saved as you complete each step. You can log in and ontinue at any time.	
Required items are marked with	•				
Please enter your personal I	information below.				
NOTE: The information ente name and must match both appointment will not be com	red on this screen must belong h forms of identification exac pieted if you cannot provide tw	to the person being finge thy. The Date of Birth pro p forms of matching ident	erprinted. The name provide vided must also be on the p fication.	ed for the appointment must be your full, legal primary form of ID, and must match exactly. Your	
Acceptable Forms of		Lord Manual C	Cultur		
First Name:	Middle Name.	Last Name:	Select	F	
Please enter any other name alliases.	Middle Name:	Last Name:	Suffix	"Add another name" button below to enter other	
+ Add another name	0] [Gener		
Social Security Number: *] @				
Complete mailing address re Home Address Line 1: *	equired to ensure delivery of cl	earance card application	esults. 🕜.		
Liene Address Line 2 (Quite	(A at / at a):				
	() ()				
City: *					
	0				

Step 8. Fill out employer information using the information you copied down in step 1.a.:

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0	2	3	4	5	Need More Help?
Data Collection	Authorization	Time and Location	Payment	Confirmation	Frequently Asked Questions
Employ	er	We value your perso times <u>Privacy Staten</u>	onal information and keeping it teets	secure at ALL	Your information is saved as you complete each step. You can log in and continue at any time.
Employer N	Name: ne 1: ne 2 (Suite/Apt/etc.):	0 0 0			
State: Select	• 3				

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Step 9. Continue Step one of Data Collection by entering your information in the Demographics page. Then Save and Continue

lield	print	Welcome,	Loop	ut	English Español Français
0	2	3	4	5	Need More Help?
Data Collection	Authorization	Time and Location	Payment	Confirmation	Frequently Asked Questions
Demogr	aphics	We value your pers	onal information and keeping it see	oure at ALL	Your information is saved as you complete each step. You can log in and continue at any time.
Required items a	are marked with *				
Place of B Select	irth: *	• 0			
Gender: *					
Your Heigi Select	ht: * • tt. [Select ht: * 	• U			
Select		• 🕜			
Hair Color Select		• 7			
Race: *		• 7			

Step 10. Fill out the release form with name and date. Be sure to select "I Agree" and Continue

1 field	dprint [.]	Welcome,	L090	đ	English Español Français	
1	2	3	4	5	Need More Help?	
Data Collection	Authorization	Time and Location	Payment	Confirmation	Frequently Asked Questions	
Releas	e	We value your personal times <u>Privacy Statement</u>	Information and keeping it secure	et ALL	bur information is saved as you complete each step. You can log in and ordinue at any time.	
Required item	is are marked with *					
Pleas Lauth Finge	e read and agree to	o the following	he Arizona Department of F	Public Safety for the pur	pose of processing my application for a	
Pleas I auth Finge	e read and agree to	 the following to release information to t 	he Arizona Department of P	Public Safety for the pur	pose of processing my application for a	





Step 12. Schedule Your Visit, enter your location for the nearest location of fieldprint



Step 13. Select the "**Schedule Appointment**" of your nearest location (CMI Center is the only available location in Safford, AZ)



Step 14. Select an available Date and Time then click Schedule

85531		Find	Fort inomas	
Back			Pim	
Locations			Saford +	
Once an appointment is made, you m appointment time without incurring a	ay not make a change or cance \$7.95 charge.	el less than 24 hours before the	Mt Graham O Swift Trail Junction	
The following locations host Fieldprin the desired location to begin schedul different address.	nt Stations. Please click the Sci ing your appointment or click F	hedule Appointment button related to Find to search for locations near a	Concerning data #2018 Coogle Terms of Use	
Location Nat	ne Distance	Hours of Operation	Notes	
LIVERCAN (LIVERCAN) (across from post office 5th Ave & 5th Street (across from post office 5th Ave & 5th St) Safford, AZ 85546	Center 5.5 mi	M TU W TH 09:00 AM - 05:30 PM F 09:00 AM - 04:00 PM SA 09:30 AM - 03:00 PM Schedule Appointment	Livescan, Photo, 19 No Additional Fees Expedited Processing	
Available Dates and Times				
Enter a date (mm/dd/yyyy) or se	lect an available date from the	calendar:		
12 / 18 / 2018	Control Con	January 2019 > Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 6 9 10 11 12		
Get Available Times	9 10 11 12 13 14 15	13 14 15 16 17 18 19		
Select an available time on: DECEMBER 18, 2018	23 24 25 28 27 28 29 30 31	20 21 22 23 24 25 26 27 28 29 30 31		
Afternoon: Select V				

Step 15. Once you've selected Date and Time there will be a pop-up screen, verify the Date and Time then Continue. Be aware there is a \$7.95 charge for an appointment that is changed or canceled less than 24hrs before appointment.

din	ifferent address.				
	Location Na	Distance	Hours of Operation	Notes	
	LIVESCAN LIVESCAN LIVESCAN LIVESCAN LIVESCAN S16 West 5th Street (across from post offic 5th Ave & 5th St) Safford, AZ 85546	Center 5.5 mi e; corner of	M TU W TH 09:00 AM - 05:30 PM F 09:00 AM - 04:00 PM SA 09:30 AM - 03:00 PM Schedule Appointment	Livescan, Photo, 19 No Additional Fees Expedited Processing	
	Available Dates and Times				
	Enter a date (mm/dd/yyyy) or s	elect an available date from the	liseuary 2019		
	12 / 18 / 2018	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa		
	Get Available Times	2 3 4 5 6 7 8 9 10 11 12 13 14 15	6 7 8 9 10 11 12 13 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	Select an available time on:	You are about to schedule	an appointment for 12/18/2018 at 4:10 PM		
	DECEMBER 18, 2018	Location Name: Fieldprint	Site - CMI Center		
	Atternoon: 4.10 V	Once an appointment is ma hours before the appointme	ade, you may not make a change or cancel ent time without incurring a \$7.95 charge.	less than 24	
	Evening: Select •	Click Continue to schedule Click Cancel to select anot	e this appointment. ther appointment time.		

Step 16. Enter payment information.

Data Authorization Collection	Time and Location	Payment Confirmation	LINAMONIA) LINNON MANANALINA
Payment	We value your personal info	armation and keeping it secure at ALL	Your information is saved as you complete each step. You can log in and continue at any time.
Required items are marked with *			
Appointment Location Fieldprint Site - CMI Center 516 West 5th Street (across from	n post office; corner of 5th Ave &	Appointment date an 12/18/2018 at 4:10 PM	nd time:
Safford, AZ 85546 Change Time or Location		Fee Type Fieldprint Scheduling Fe	Fee Amount se \$72.95
		Your total is:	\$72.95
		Please note: Once an a change or cancel less th without incurring a \$7.9!	ppointment is made, you may not make a an 24 hours before the appointment time 5 charge.
Credit Card			
Credit Card Note: This payment will app	ear on your credit card statem	ent as a charge from Fieldprint.	
Credit Card Note: This payment will app If you use a debit card please	ear on your credit card statem	ent as a charge from Fieldprint.	placed on your bank account for the amount
Credit Card Note: This payment will app If you use a debit card please charged, for each payment at	ear on your credit card statem s be aware that if you enter an inv tempt. Most card issuing banks w	ent as a charge from Fieldprint. valid address, a temporary hold could be vill release the funds within a few days.	placed on your bank account for the amount
Credit Card Note: This payment will app If you use a debit card please charged, for each payment at Credit Card Informati Cardfolder's First Name *	ear on your credit card statem a be aware that if you enter an im tempt. Most card issuing banks w ion	ent as a charge from Fieldprint. valid address, a temporary hold could be vill release the funds within a few days. Billing Address Address Line 1.*	placed on your bank account for the amount
Credit Card Note: This payment will app If you use a debit card please charged, for each payment at Credit Card Informati Cardholder's First Name: *	ear on your credit card statem a be aware that if you enter an im tempt. Most card issuing banks w ion	ent as a charge from Fieldprint. valid address, a temporary hold could be vill release the funds within a few days. Billing Address Address Line 1: *	placed on your bank account for the amount
Credit Card Note: This payment will app If you use a debit card please charged, for each payment at Credit Card Informati Cardholder's First Name: *	ear on your credit card statem a be aware that if you enter an im tempt. Most card issuing banks w ion ②	ent as a charge from Fieldprint. valid address, a temporary hold could be vill release the funds within a few days. Billing Address Address Line 1: " 	placed on your bank account for the amount
Credit Card Note: This payment will app If you use a debit card please charged, for each payment att Credit Card Informati Cardholder's First Name: Cardholder's Middle Name:	ear on your credit card statem a be aware that if you enter an im tempt. Most card issuing banks w ion ③ ③ ③ ③	ent as a charge from Fieldprint. valid address, a temporary hold could be life release the funds within a few days. Billing Address Address Line 1: * City: *	placed on your bank account for the amount
Credit Card Note: This payment will app If you use a debit card please charged, for each payment att Credit Card Informati Cardholder's First Name: * Cardholder's Middle Name: Cardholder's Last Name: *	ear on your credit card statem a be aware that if you enter an in- tempt. Most card issuing banks w ion ③ ③ ③ ③	ent as a charge from Fieldprint. valid address, a temporary hold could be uill release the funds within a few days. Billing Address Address Line 1: * 	placed on your bank account for the amount
Credit Card Note: This payment will app If you use a debit card clease charged, for each payment att Credit Card Informati Cardholder's First Name: *	ear on your credit card statem a be aware that if you enter an inv tempt. Most card issuing banks w ion 0 0 0 0 0 0 0 0	ent as a charge from Fieldprint. valid address, a temporary hold could be uill release the funds within a few days. Billing Address Address Line 1: * City: * State: *	placed on your bank account for the amount
Credit Card Note: This payment will app If you use a debit card please charged, for each payment alt Credit Card Informati Cardholder's First Name: * Cardholder's Middle Name: Cardholder's Last Name: * Credit Card Number: *	eear on your credit card statem be aware that if you enter an in- tempt. Most card issuing banks w ion 0 0 0 0 0 0 0 0	ent as a charge from Fieldprint. valid address, a temporary hold could be vill release the funds within a few days. Billing Address Address Line 1: * City: * State: * Select	placed on your bank account for the amount

Be sure to check your email frequently after making your appointment for the confirmation email.

Once you've done your fingerprints it'll take 4-6 weeks for your card to come in the mail, while waiting be sure to watch your email, checking your junk mail for emails letting you know the progress of your finger print card.

Instructions constructed by Jessica Flowers, Graham County.