NJMS Graduate Medical Education
Permit Fingerprinting Reimbursement Procedure

All housestaff officers obtaining a training permit from the NJ Board of Medical Examiners are required to submit to fingerprinting for a comprehensive background check. Actual cost associated with this activity is reimbursable through the GME Office (current fee $70.25) and is capped at $75.00.

✓ Rutgers, UH and VA paid residents are eligible for reimbursement
✓ Excludes fingerprinting costs for a NJ medical license
✓ Complete request for check form and ORIGINAL receipts may be submitted anytime within one year of incurring fees

Procedure:

Housestaff
• Follow departmental procedure which includes submission of original payment receipt and MorphoTrack application (see Appendix A)
• Reimbursement will be included with their regular pay; 2-3 paychecks after submission for reimbursement

Program Coordinators or Other Department Designee
• Access a request for check form:
  1. Log on to MyUMDNJ portal
  2. Under the Staff Toolbox select Accounts Payable and Travel Forms
  3. A new window will appear, select the Rutgers RBHS Accounts payable and Travel Forms link for Rutgers housestaff. Select the University Hospital Accounts Payable and Travel Forms for Podiatry residents.
  4. Select Request for Check
• Complete the form (see Appendix B):
  5. Identify the HOUSESTAFF officer by either retrieving their information through the search box or enter their information in the required fields:
    a. Last Name
    b. First Name (required by GME)
    c. Home Street Address
    d. City of residence
    e. State of residence
    f. Zip Code of residence
  6. Indicate ‘Department/Internal’ under DISTRIBUTION and ‘Yes’ under ATTACHMENT
  7. Enter the PROGRAM COORDINATOR or OTHER DEPARTMENT DESIGNEE information in the required fields:
    a. Requestor Name
    b. Department
    c. Building/Campus
    d. Room #
    e. Phone #
  8. Enter the following billing information:
    a. Under DESCRIPTION- ‘Fingerprinting Fee Reimbursement’
    b. Under AMOUNT- Enter actual receipt amount (not to exceed $75.00)
    c. Under FUND- Leave Blank
    d. Under INDEX- Enter 999999
    e. Under ACCOUNT- Enter 999999
  9. Review and print the form
    a. Keep an additional copy for your records
    b. Obtain signatures from the requestor AND Program Director
    c. Submit a hardcopy the completed form and the ORIGINAL receipts (see Appendix A) to the GME Office for processing

If you have any questions please contact the GME Office - Vivian Zaragoza (973) 972 6049
APPENDIX A

RECEIPT

SAGEM MORPHO, INC.

Date: 10/19/2013

Applicant Name:

Fingerprinting Location:
NEWARK

Applicant ID#: PCW 4!

Payment Method: Payment Amount:

CUSTOMER COPY
APPENDIX A

APPLICANT INFORMATION - READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. YOU MUST PRESENT THIS COMPLETED FORM AT YOUR APPOINTMENT TO BE FINGERPRINTED. NO EXCEPTIONS ALLOWED. APPLICANTS WITHOUT FORMS OR WITH INCOMPLETE FORMS WILL NOT BE PRINTED.

IDENTIFICATION IS REQUIRED - ACCEPTABLE ID REQUIREMENTS - ID MUST include Photo, Name, Address (Home/Employer) and Date of Birth. The ID MUST be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid Driver's License or Identification Card, 2) Passport, Acceptable ID MUST meet all of the underlined requirements as move as the exception on one ID. Combination of documents are NOT acceptable. For applicants who are required to pay for an official fingerprinting service, a $11 fee will be charged to cover the cost of a scheduled appointment. The fee is non-refundable. If you choose to pay the $11 fee, you will be charged an additional $11 fee if you are turned away because the information on your record does not match the information provided during the scheduling process.

Appointment scheduling is available via the web at www.biostatisticist.com/mnj. 24 hours per day, 7 days per week. For applicants who do not have web access, appointments may be made by calling us toll-free at (877) 672-6672, Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 10:00 AM EST. No other forms of payment are accepted at the fingerprint site. No other forms of payment are accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment method will be confirmed by the fingerprinting agent or web confirmation when scheduling. You must retain this information to provide to the fingerprinting site. You appear for fingerprinting.

Form NO. VSSAP12, Version 4.9

September 1, 2009

Revised 7/2013
APPENDIX B

Request For Check

Retrieve data from prior work list or search for Banner information.

Select from List
Search by Univ ID
Search by Name - Last
Search Mode: 

* indicates a required field.

UNIVERSITY ID
SOCIAL SECURITY #
* COMPANY / LAST NAME
FIRST NAME
MIDDLE NAME
* STREET I (HOME ADDR)
STREET II
STREET III
* CITY
* STATE
* ZIP CODE

Mileage Reimbursement Chart

<table>
<thead>
<tr>
<th>DISTRIBUTION</th>
<th>ATTACHMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENDOR / EXTERNAL</td>
<td>YES</td>
</tr>
<tr>
<td>DEPARTMENT / INTERNAL</td>
<td>NO</td>
</tr>
</tbody>
</table>

NOTE: enter 999999 for both INDEX and ACCOUNT.

5. Distribution= Dept/Internal
Attachment= Yes

6. Enter PROGRAM COORDINATOR or OTHER DEPT DESIGNEE information

7. Enter billing information:
   NOTE: enter 999999 for both INDEX and ACCOUNT

8. Print a copy of the completed form. Keep a copy for your records.
### REQUEST FOR CHECK

<table>
<thead>
<tr>
<th>REQUESTOR NAME</th>
<th>DEPARTMENT</th>
<th>BUILDING / CAMPUS</th>
<th>ROOM #</th>
<th>PHONE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pgm Coordinator</td>
<td>Dept</td>
<td>Bldg/Campus</td>
<td>Room #</td>
<td>Phone #</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DISTRIBUTION</th>
<th>UNIV ID</th>
<th>SOCIAL SECURITY #</th>
<th>REQUEST DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ VENDOR / EXTERNAL</td>
<td>A12345678</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ DEPT / INTERNAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Last Name</td>
<td>Rdnt Firt Name</td>
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</tr>
</tbody>
</table>

**HOME ADDRESS: STREET I**
1 Anywhere

<table>
<thead>
<tr>
<th>ATTACHMENT</th>
<th>STREET II</th>
<th>STREET III</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES</td>
<td>#123</td>
<td></td>
</tr>
<tr>
<td>☐ NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>ZIP CODE</th>
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</thead>
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<tr>
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<td>07101</td>
</tr>
</tbody>
</table>

**CHECK STUB DESCRIPTION / INVOICE NUMBER**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
<th>FUND</th>
<th>INDEX</th>
<th>ACCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fingerprinting Fee Reimbursement</td>
<td>0.01</td>
<td></td>
<td>999999</td>
<td>999999</td>
</tr>
</tbody>
</table>

**COMMENTS**

**APPROVALS**

8. Obtain requestor and Program Director signatures