

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

R E C E I P T

SAGEM MORPHO, INC.

EXAMPLE

Date: 05/19/2010 15:59:17 2010

Applicant Name:

EXAMPLE

Fingerprinting Location:
NEWARK

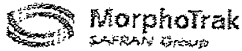
Applicant ID#: PCM #
49

EXAMPLE
Payment Method: Payment Amount:
70.25

EXAMPLE

C U S T O M E R C O P Y

APPENDIX A



Form No. NJAP52, Version 4.0

Applicant: **Salem MorphoTrak**

(1) Original Agency Number	(2) RI Fingerprint Category	(3) State Number
(4) Reason: Fingerprinting	(5) Document Type	(6) Payment Information
(7) Contributor: Universal Identifier	(8) Miscellaneous	
(9) First Name		
(12) Daytime Phone Number	(13) Social Security Number	(14) Date of Birth
(15) Height	(16) Weight	
(17) Maiden Name (if female)	(18) Place of Birth (U.S. State or Country for Foreigners)	(19) Country of Citizenship
(20) Home Address		
(21) predominant color, one only	(22) Asian/Pacific Islander (includes Asian Indian)	(23) White (includes Hispanic/Spanish Origin)
(24) Occupation	(25) Employer (Name)	(26) Employer Address
	City	State Zip

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. ID **MUST** be issued by Federal, State, County or Local government for identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State (NJ or NJ M.C.), 2) Passport. Acceptable ID **MUST** meet all of the underlined requirements above and **MUST** be presented on one ID. Combinations of documents are **NOT** acceptable. Acceptable ID is **not** presented, you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic payment from a checking account. Remainder of your account will automatically be debited \$11 fee to be charged to cover the cost of a scheduled appointment. Payment for Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12:00 PM EST. Hearing impaired scheduling is available at (800) 673-0000. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Appointment scheduling is available via the web at www.bioapplicant.com/nj, 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 673-0000. First call first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12:00 PM EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0000. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must recite this information in the appropriate blocks below while speaking to the agent. If you appear for fingerprinting at a site where you are not scheduled, you will not be fingerprinted. If you are not scheduled, you will not be fingerprinted. If you are not scheduled, you will not be fingerprinted.

provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/Date/Time	PYMT Authorization	PCN
Agency Information #1	Agency Information #2		

APPLICANTS MUST NOT ALTER, SHARE OR REUSE THIS FORM

4. SEARCH for
HOUSESTAFF or
enter information

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: First:

Search Mode: ☒ Exact Match ☐ Close Match ('John', 'Johnson' both will match 'John')

* indicates a required field.

UNIVERSITY ID: A12345678

SOCIAL SECURITY #: (For subject fee, stipend, other taxable income)

* COMPANY / LAST NAME: Resdnt Last Name

FIRST NAME: Resdnt Frst Name

MIDDLE NAME:

* STREET I (HOME ADDR): 1 Anywhere

STREET II: #123

STREET III:

* CITY: Somewhere

* STATE: NJ

* ZIP CODE: 07101

Mileage Reimbursement Chart

DISTRIBUTION

☐ VENDOR / EXTERNAL

☒ DEPARTMENT / INTERNAL

ATTACHMENT

☒ YES

☐ NO

5. Distribution=
Dept/Internal

Attachment=
Yes

* REQUESTOR NAME: Pgm Coordinator

* DEPARTMENT: Dept

* BUILDING / CAMPUS: Bldg/Campus

* ROOM #: Room #

* PHONE #: Phone #

6. Enter PROGRAM
COORDINATOR or
OTHER DEPT DESIGNEE
information

ITEM	* DESCRIPTION (45 char max)	* AMOUNT	FUND (Either fund or index required)	* INDEX	* ACCOUNT
1	Fingerprinting Fee Reimbursement	0.01		999999	999999
2					
3					
4					
5					
6					
7					
CHECK TOTAL		0.01			

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

(If correct, on the next page, use Printer icon or File/Print to print.)

8. Print a copy of the
completed form. Keep a
copy for your records

APPENDIX B

--PRINTED FORM--

REQUEST FOR CHECK



REQUESTOR NAME Pgm Coordinator	DEPARTMENT Dept	BUILDING / CAMPUS Bldg/Campus	ROOM # Room #	PHONE # Phone #
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DISTRIBUTION <input type="radio"/> VENDOR / EXTERNAL <input checked="" type="radio"/> DEPT / INTERNAL	UNIV ID A12345678	SOCIAL SECURITY #		REQUEST DATE
	LAST NAME Resident Last Name	FIRST NAME Rsdnt Frst Name	MIDDLE NAME	
	HOME ADDRESS: STREET I I Anywhere			
	STREET II #123			
ATTACHMENT <input checked="" type="radio"/> YES <input type="radio"/> NO	STREET III			
	CITY Somewhere	STATE NJ	ZIP CODE 07101	

(CHECK STUB DESCRIPTION / INVOICE NUMBER
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ITEM	DESCRIPTION	AMOUNT	FUND	INDEX	ACCT
1	Fingerprinting Fee Reimbursement	0.01		999999	999999
2					
3					
4					
5					
6					
7					
CHECK TOTAL:		0.01			

COMMENTS

APPROVALS		
REQUESTOR SIGNATURE / DATE	DEPARTMENT HEAD SIGNATURE / DATE	BUDGET OFFICER SIGNATURE / DATE

8. Obtain requestor and
Program Director
signatures