

## Taking Fingerprints Using Fingerpro Livescans

Provider User Guide Version 01 12/08/23

## **Overview**

SAFER is the Mississippi Screening Assurance For Employee Enrollment & Registries background check system. For facilities that have their own livescan device, these instructions will show users how to take fingerprints and connect with their SAFER applications. These instructions are only for those facilities. All others should send your applicant to a MS health department for fingerprints or mail hard cards to the fingerprint unit as before.

Once the application has been successfully submitted in the SAFER system, you must use the Determination ID from SAFER in Fingerpro.

This six-digit number can be found in three places in SAFER:

1. On the confirmation page when the application is submitted.

Please note "Determination ID" and "Background Check #" are the same number!

Adritest Application #: 10815, Background Check #: 100817	
Application Submitted Confirmation	
Application Status	
Your application was successfully submitted. Following fingerprinting, this applicant can be hired using th	ne Application In-Process link above
Application Forms	Provisional Employment
Applicant Fingerprint Form	Add Provisional Employment for Applicant
	Provisional Employment
	Record Pre-existing Employment
	J

2. On the Applicant Fingerprint Form, the "Application Number"

Reason for Fingerpri	ints:
X	Healthcare (43-11-13 ORI-MS920500Z)
	Childcare (43-20-8 ORI-MS920080Z)
	Medical Cannabis (42-SB-2095 ORI-MSITN500(
Facility ID Code:	Test234567
Application Number:	100817
Signature of Person	Fingerprinted:
□ By checking this b Department of He	box, I affirm that the applicant understands the he/ ealth permission to conduct a state and national c

3. On the Person Summary – Documents tab

Person S	Summary				
Adritest	feiternan, 1	111-12-2234,	11/11/2008	No. Frage	prints Taken
Merge Per	son		ŧ		
Profile	Applications	Employment	Documents	History	
Determin Generated	<b>nation ID: 1008</b> d Forms, Letters,	and Reports			
Doc	cument Type	Application	#	Provider	
Application		10815	Test Healt	hcare	Privacy Rights.pdf
Application		10815	Test Healt	hcare	Privacy Rights.pdf
Application		10815	Test Healt	hcare	Applicant Fingerprir

4. Then, log into Fingerpro, click on the **D/L Demographics** button

Record	(Re)Submission Resu	ults Tools	Help								
New	View/Edit	Fransmit			Generate	Admin	Tools	D/L Demogra	phics	3	
	1					-	000				
	Input Date	->	Full Name	Date	FP	SO	Date	Date Closed	ł	Facility Code	

5. Then use the SAFER Determination ID, Last Name and DOB for your aplicant

Please enter the	below informat Request For	ion from	the Lives	can
		-		
Determination ID:		]		
Last Name:				
Date Of Birth:	_/_/			
0			0	
Cancel	Retneve		Clea	r

Click RETRIEVE to verify the applicant's information.

6. Click on the **Imaging** button and scan their fingerprints.

	ant Manua /Cumanua	Dont Marrie	1	Middle Name	C. Hay	_			
	ast Name/Sumame	First Name		Middle Name	SUTTIX				
		_							
					_				
Gender:	Female	~	Social Se	curity No.	Place of Birth:	MS => Missis	sippi	×	
Race:	Black => Black	× 1			Citizenship:	US => United	States of America	~	
e Color:	Brown => Brown				Person's residence	e address			
ir Color:	Black => Black	~			Street No./PO Box:				]
Height	5 0 + 2 0 in		Date Of E	lirth	City:	Color Charles			]
rioigin.		P			State:	MS => Missis	sippi	~	Î
Weight:	180				Zin Code:	38771			
					Dp code.	00//1			
				Addit	onal Items				
					State		Driver's License Numbe	r	_
				) in		~			_
				1					
un nella-	and Case Related Data	D.c. March		r					

7. At this time, no other action needs to be taken in SAFER for this applicant until the criminal history is returned and you can access the letter.