

# COLUMBUS STATE

## COMMUNITY COLLEGE

### Associate Degree Nursing Program FINGERPRINT AND DRUG SCREEN

#### Before Starting:

- A valid email is REQUIRED  
(if you do not have an email account you can establish a free account at Yahoo.com)
- You must be near a printer to print forms.
- Please review your authorization form closely, as you will have a limited amount of time to complete your drug test.
- You will only have **3 business days to complete your drug test**
- You will only have **14 business days to complete your fingerprinting**

#### Getting Started:

1. Have your credit card/debit card (Visa/MasterCard/American Express/Discover) information ready in order to process payment. Your credit card will be charged **\$112.25** for the service.
2. Log onto our website at [www.VerifyStudents.com](http://www.VerifyStudents.com)
3. Use this special promotional code: **COLU65FB**
4. Complete profile & e-sign forms as they appear
5. **Print Fingerprint Control Form** (sample form shown below on left)
6. **Schedule your drug test**
  - a. **Print the authorization form** (sample form shown below on the right) *or*
  - b. **Check your email and click the link to show the form on your smartphone**

#### After completing online process:

1. Drug testing: go to collection site listed on authorization form
  - Be prepared to show the authorization form & government photo ID, e.g. – driver’s
2. Fingerprinting
  - Bring Fingerprint Control Form & government photo ID, e.g. – driver’s license to your school’s designated fingerprint location:

#### **Columbus-Fast Fingerprints**

1486 Bethel Road (**Inside Bethel Centre**)

Columbus, Ohio 43220

(877) 932-2435

**Hours:** 8:00am-5:00pm Monday-Friday, 9:00am-12:00pm Saturday. WALK-INS WELCOME!

**\*\*All network fingerprint site locations and hours are subject to change without notice.**

\*Please note that this information is for the sole purpose of background screening for this school only. Unauthorized use of our service is prohibited\*

**Fingerprint Control Form**

Fingerprint Submission - Contact List Below

Registration Enrollment Form: 05/2017

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**Students, please complete the contact form to attend**

**Name:** [REDACTED]      **Phone:** [REDACTED]

**Home:** [REDACTED]      **Cell:** [REDACTED]

**City/State/Zip:** [REDACTED]      **Other Phone:** [REDACTED]

Who should we also bring this to? **CC: [REDACTED]**

Search for your submission and registration issues for fingerprinting: **[REDACTED]**

**REGISTRATION CONTACT LIST**

**Name:** [REDACTED]      **Company Name:** [REDACTED]

**Address:** [REDACTED]      **City:** [REDACTED]

**Phone:** [REDACTED]      **State:** [REDACTED]

**Website:** [REDACTED]

**REGARDING FINGERPRINT SUBMISSION**

Students must have their fingerprints scanned at a fingerprinting site. An enrollment card is provided to students and parents/guardians. This card must be presented to the fingerprinting site. The fingerprinting site will provide a receipt for the fingerprints. The receipt must be presented to the school. The receipt must be presented to the school. The receipt must be presented to the school.

By signing this fingerprinting card, the parent/guardian is certifying that the student has been fingerprinted at a fingerprinting site. The parent/guardian is certifying that the student has been fingerprinted at a fingerprinting site. The parent/guardian is certifying that the student has been fingerprinted at a fingerprinting site.

Completion of this card by the parent/guardian is required for the student to be eligible for enrollment. The parent/guardian is certifying that the student has been fingerprinted at a fingerprinting site. The parent/guardian is certifying that the student has been fingerprinted at a fingerprinting site. The parent/guardian is certifying that the student has been fingerprinted at a fingerprinting site.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only: \_\_\_\_\_

PLEASE NOTE THE DRUG SCREEN MUST BE COMPLETED BY **5:15 PM 4-6-09 PM PST**

**Submission Form**

REGISTRATION NUMBER: 11248992

Other Registration Due Date: 11/30/2009 09:00 PM PST      Activation Serial #: 018892

**Region/Contractor Information:**      **Medical Service Official Manager Service Provider:**

REGIONS/11248992/018892      28-000001-COORFIELD

REGIONS/11248992/018892      MEDICAL SERVICE OFFICE

REGIONS/11248992/018892      018892/000001000001

Phone: 714 221 5117 ext. 100-00-0000      Email: [REDACTED]

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**Test Information**

**Driver Information:**      **Test Details:**

City: [REDACTED]      State: [REDACTED]

Sex: [REDACTED]      Age: [REDACTED]

Test Type: [REDACTED]      Test Code: [REDACTED]

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**Services to be Performed**

Test:      License Test

10 Finger/Class      License Test      #828901

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**Collection Site Information**

LABOR:      License Test

LABOR/REGIONS/11248992/018892      License Test

Phone: 714 221 5117

Please bring your government issued photo ID for identification at the collection facility. The receipting list is available from the collection facility.

NOTE: A unique login will be emailed to you. This will allow you to log back into [www.VerifyStudents.com](http://www.VerifyStudents.com)

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