



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Child Development Home Provider/Employee Criminal Background Check Scheduling Guide

To schedule a fingerprinting appointment, please follow the instructions below:

1. Visit www.fieldprintdc.com
2. Enter an email address under “New Users/Sign Up” and click the “Sign Up” button. Follow the instructions for creating a Password and Security Question and then click “Sign Up and Continue”.
3. Enter the Fieldprint Code: **Home Providers may contact your OSSE Licensing Specialist or the Suitability Management Analyst at 202-899-6207 to obtain the code.**
4. Enter the contact and demographic information required by the FBI.
5. On the second address line enter the applicant’s employer and position.
6. Schedule a fingerprint appointment at a location of your choosing.
7. Print the confirmation page.
8. Take the confirmation page with you to your fingerprint appointment, along with two forms of identification (one must be a government issued identification card).
9. If you have any questions or problems with the site, please contact Fieldprint’s customer service team at 877-614-4364 or customerservice@fieldprint.com.

Need More Help?

Phone Number 877-614-4364 or
Email Us

Personal Information

We value your personal information and keeping it secure at ALLtimes. [Privacy Statement](#)

Your information is saved as you complete each step. You can log in and continue at anytime.

Required items are marked with *

Please enter your personal information below.

NOTE: The information entered on this screen must belong to the person being fingerprinted. The name provided for the appointment **must be your full, legal name and must match both forms of identification exactly.** The Date of Birth provided must also be on the primary form of ID, and must match exactly. Your appointment will not be completed if you cannot provide two forms of matching identification.

Acceptable Forms of ID

First Name: * Middle Name: Last Name: * Suffix:

Please enter any other names or aliases you have used. If you have used more than one alias, please click the "Add another name" button below to enter other aliases.

First Name: Middle Name: Last Name: Suffix:

[+ Add another name](#)

Social Security Number: *

Home Address Line 1: *

Home Address Line 2 (Suite/Apt/etc.):

City: *

State: *

Zip Code: *

Date of Birth: Month * / Day * / Year *

Phone: *

Alternate Phone:

E-mail: *

Preferred Contact Method: * Phone E-mail

Appointment Reminder: *

Would you like a message appointment reminder sent the day of your appointment?

Text Message E-mail: No

[Save and Continue](#)

On the second address line please require candidates to indicate the name of their Child Development Facility provider and their Position Title, i.e., Bright Horizons, Teacher. This way the suitability determination sent to OSEE-DEL will indicate both.