

**LIVE SCAN FINGERPRINTING INFORMATION
FOR NON LICENSED STAFF WORKING IN HOME CARE & LTC**

A CHRC 102 form must be completed

Below is information needed in order to submit a 103E (electronically)

Today's Date: _____

Facility Name: _____

Last Name: _____

First Name: _____

Date of Birth: _____

Last 4 digits of SS#: _____

Any other names (ie) maiden names: _____

Address: _____

Phone number: _____

Birthplace (citizenship): _____

Female or male: _____

Race: _____

Height: _____

Weight: _____

Color of eyes: _____

Color of hair: _____

Upon completion please email form to: christy.mckentry@amnhealthcare.com,
sarah.escorcia@amnhealthcare.com, natasha.richardson@amnservices.com or upload into clinician's profile in ShiftWise.