

Request For Background Check and Computer Access For Clinical Trainee

Attached to this memo please find the completed Fingerprint Request Form for the person whose name is included below.

Last Name: _____

First Name: _____

SSN.....: _____

DOB.....: _____

Location....: PHARMACY

Title: Contract Pharmacy Technician
 Contract Pharmacist
 Trainee (Pharmacy Student)

Duration: Open (no anticipated stop date)
 Ending ____ / ____ / ____

In addition to the background check, please provide :

Basic access to the network and VISTA
 A VA ID card labeled with the title (above)

Michael T. McCormick MS, RPh
Chief , Pharmacy Service