

NOTICE:

All applicants, members and others required to be fingerprinted pursuant to Section 329D, Hawaii Revised Statutes and Chapter 11-850 of the Hawaii Administrative Rules shall complete the attached consent and complete the background.

Instructions:

1. Each applicant, member, and other individual required to be fingerprinted must complete the attached consent form.
2. The consent shall be scanned and emailed to MedMarijuana.Dispensary@doh.hawaii.gov .
3. The original consent shall be mailed to:

Medical Marijuana Dispensary Program
Office of Health Care Assurance
State of Hawaii, Department of Health
601 Kamokila Blvd, Room 337
Kapolei, Hawaii 96707

4. Register and make an appointment to be fingerprinted at <http://fieldprinthawaii.com> .
(<http://www.fieldprinthawaii.com>)
5. Enter Fieldprint Code: **FPHIDOHMMMD**
6. The applicant will schedule a date, time and location for the fingerprint check and they must appear in person for their scheduled appointment. Two (2) forms of identification will be required at the time of the appointment. At least one form of ID must be a valid government issued photo ID such as a driver's license, passport or state ID care. Failure to appear at the appointment will result in the loss of fees paid for the background check. Applicants may reschedule their appointment without payment penalty if they reschedule at least 24 hours prior to the appointment time.
7. Fieldprint customer service is available to assist you. They can be reached via email at CustomerService@fieldprint.com or by toll-free phone: (877) 614-4364 (8:00 a.m.-10:00 p.m. EST)