E-QIP/CLICK TO SIGN!!

INSTRUCTIONS FOR THE SUBJECTS/APPLICANTS

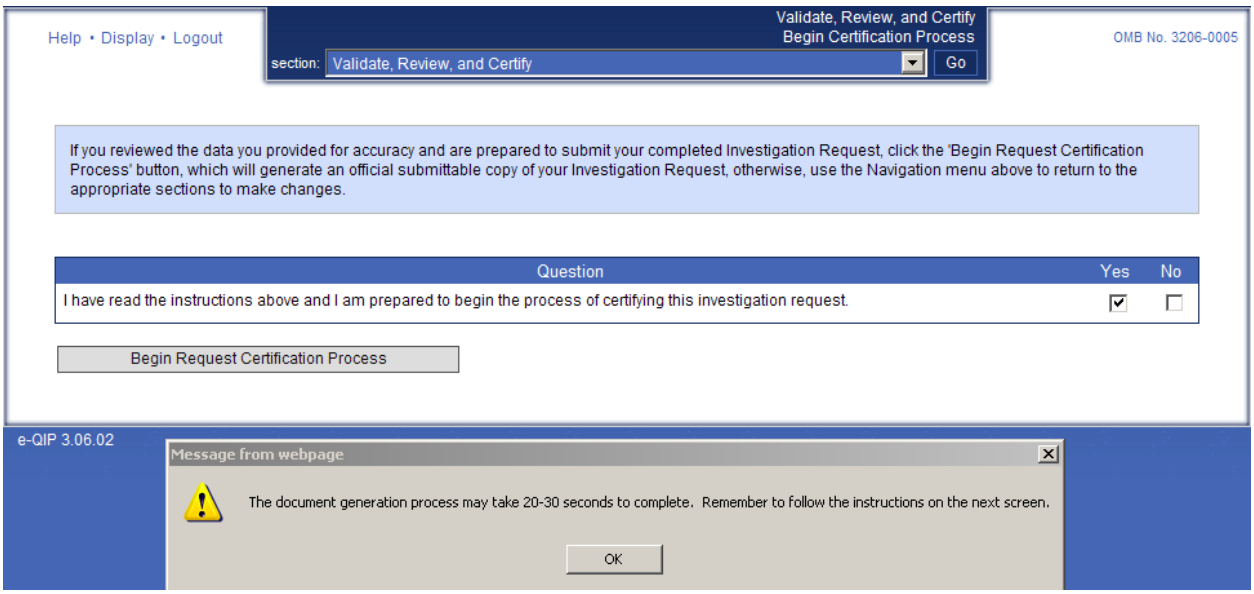
Click-to-Sign (CTS) instructions for the Certification (CER), Fair Credit Release (FCR), General Release (REL), and Medical Release (MEL) signature pages

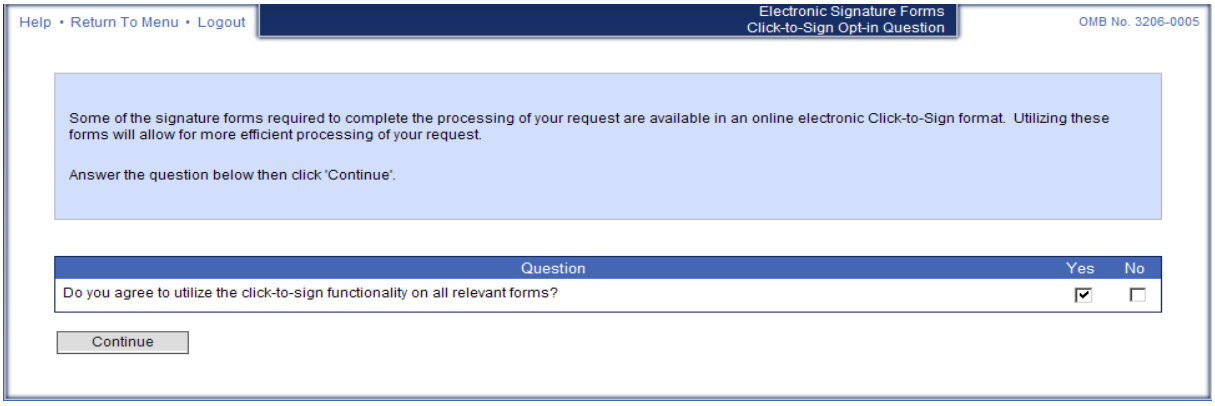
E-QIP agencies will have the ability to have subject's digitally sign their signature pages in e-QIP.

The Click to Sign function for all four signature pages can be enabled by OPM at the agency's request.

Once enabled, the subject will follow these steps to digitally sign their signature pages.

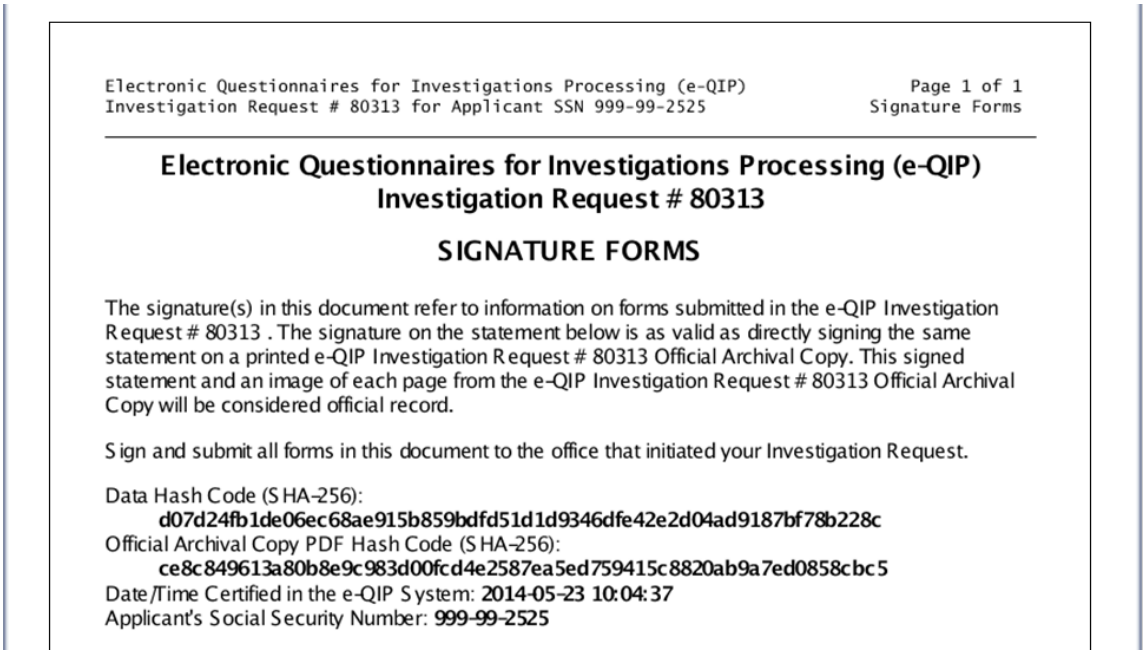
In the Applicant site, after checking the "Yes" block and clicking the "Begin Request Certification Process" button, the "Message from webpage" pop up will appear. Click the "OK" button.





Enter your e-QIP password to gain access to the **Click To Sign** feature on the CER form.

This is the CER form. The screenshot below is cut in half due to length. Click the "Click Here to Sign" button at the bottom of the page to electronically sign the form.



Electronic Questionnaires for Investigations Processing (e-QIP) Page 1 of 1
Investigation Request # 80313 for Applicant SSN 999-99-2525 Signature Forms

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request # 80313

SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # 80313 . The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # 80313 Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # 80313 Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):
d07d24fb1de06ec68ae915b859bdfd51d1d9346dfe42e2d04ad9187bf78b228c
Official Archival Copy PDF Hash Code (SHA-256):
ce8c849613a80b8e9c983d00fcd4e2587ea5ed759415c8820ab9a7ed0858cbc5
Date/Time Certified in the e-QIP System: **2014-05-23 10:04:37**
Applicant's Social Security Number: **999-99-2525**

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign in ink)	Click Here to Sign	Date (mm/dd/yyyy) 05/23/2014

e-QIP Version 3.06.02
e-QIP Investigation Request # 80313

PRIVACY ACT INFORMATION
e-QIP Document Type CER

Back

Return To Menu • Logout

Electronic Signature Forms
Print Click-to-Sign Form

OMB No. 3206-0005

Print and/or save the Click-to-Sign receipt for this signature form by clicking on the link below. Click 'Continue' when finished.

Download Click-to-Sign Receipt

Continue

Enter your e-QIP password to gain access to the CTS feature on the FCR form.

Return To Menu • Logout

Electronic Signature Forms
Re-Authenticate

OMB No. 3206-0005

Enter your password, then click the "Continue" button.

Enter Password: ••••••••

Continue

This is the FCR form. The screenshot below is cut in half due to length. Click the “Click Here to Sign” button at the bottom of the page to electronically sign the form.

Return To Menu • Logout

Electronic Signature Forms
Click-to-Sign Form

OMB No. 3206-0005

Complete the Click-To-Sign form below.

Standard Form 86
Revised December 2010
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

OMB No. 3206-0005

UNITED STATES OF AMERICA

FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print name	Social Security Number
mark price	999-99-2525
Signature (Sign in ink) Click Here to Sign	Date (mm/dd/yyyy) **05/23/2014**

e-QIP Version 3.06.02
e-QIP Investigation Request # 80313

e-QIP Document Type FCR

Return To Menu • Logout

Electronic Signature Forms
Print Click-to-Sign Form

OMB No. 3206-0005

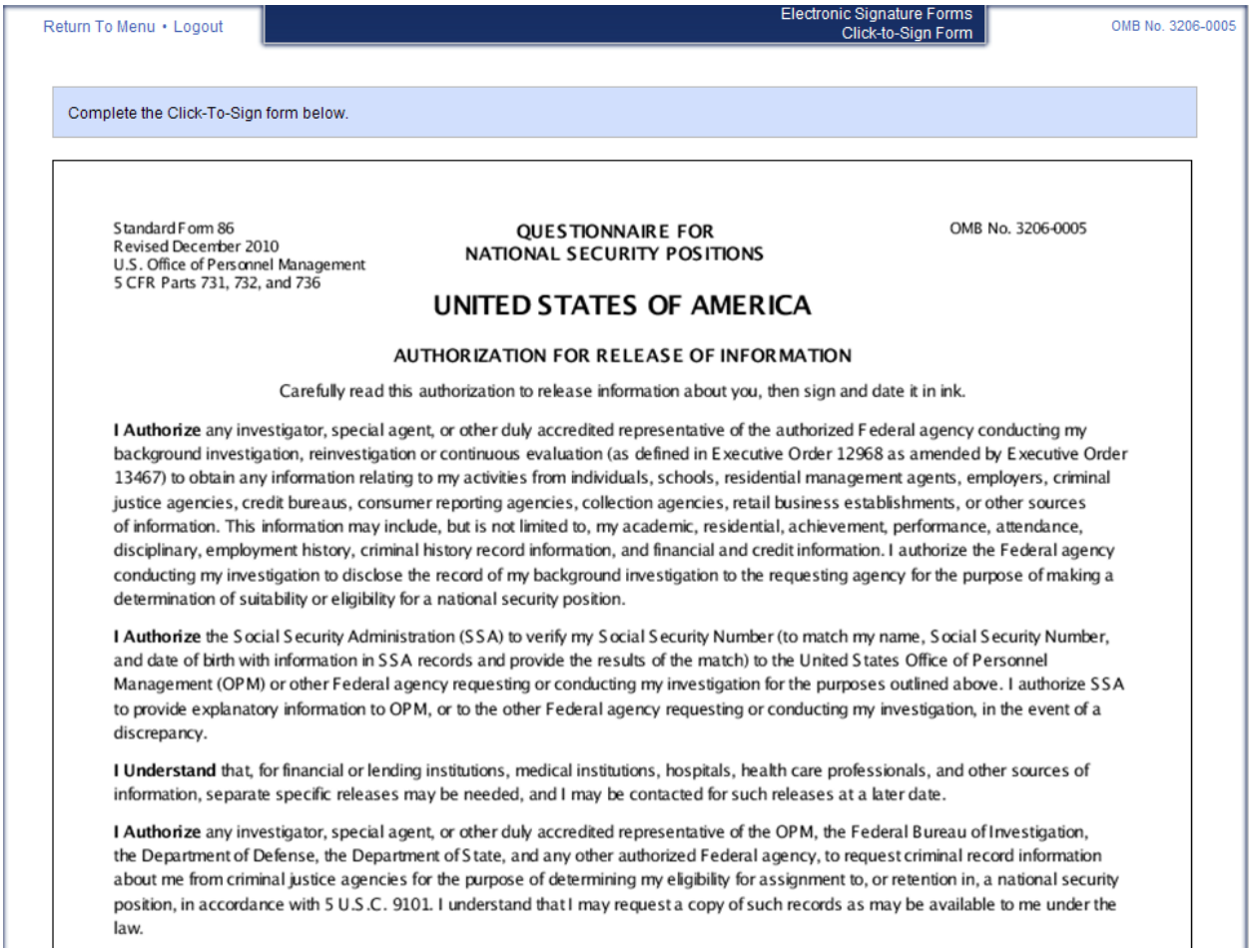
Print and/or save the Click-to-Sign receipt for this signature form by clicking on the link below. Click 'Continue' when finished.

Download Click-to-Sign Receipt

Continue

Enter your e-QIP password to gain access to the CTS feature on the REL form.

This is the REL form. The screenshot below is cut in half due to length. Click the "Click Here to Sign" button at the bottom of the page to electronically sign the form.



I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (Sign in ink)			Full name (Type or print legibly)		Date signed (mm/dd/yyyy)
Click Here to Sign			mark price		05/23/2014
Other names used			Date of birth		Social Security Number
			01/01/1980		999-99-2525
Current street address	Apt.#	City (Country)	State	Zip Code	Home telephone number
1 elm		boyers	PA	16018	5555555555

e-QIP Version 3.06.02
e-QIP Investigation Request # 80313

e-QIP Document Type REL

Return To Menu • Logout

Electronic Signature Forms
Print Click-to-Sign Form

OMB No. 3206-0005

Print and/or save the Click-to-Sign receipt for this signature form by clicking on the link below. Click 'Continue' when finished.

Download Click-to-Sign Receipt

Continue

Enter your e-QIP password to gain access to the CTS feature on the MEL form.

Return To Menu • Logout

Electronic Signature Forms
Re-Authenticate

OMB No. 3206-0005

Enter your password, then click the "Continue" button.

Enter Password: ••••••••

Continue

This is the MEL form. The screenshot below is cut in half due to length. Click the “Click Here to Sign” button at the bottom of the page to electronically sign the form.

Return To Menu • Logout

Electronic Signature Forms
Click-to-Sign Form

OMB No. 3206-0005

Complete the Click-To-Sign form below.

Standard Form 86
Revised December 2010
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

OMB No. 3206-0005

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full name (Type or print legibly)	Date signed (mm/dd/yyyy)
Click Here to Sign	mark price	05/23/2014

Other names used	Date of birth	Social Security Number
	01/01/1980	999-99-2525

Current street address	Apt.#	City (Country)	State	Zip Code	Home telephone number
1 elm		boyers	PA	16018	5555555555

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?

YES **NO**

If so, describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

Dates of treatment?

Signature (Sign in ink)	Practitioner name	Date signed (mm/dd/yyyy)

e-QIP Version 3.06.02
e-QIP Investigation Request # 80313

e-QIP Document Type MEL

Return To Menu • Logout

Electronic Signature Forms
Print Click-to-Sign Form

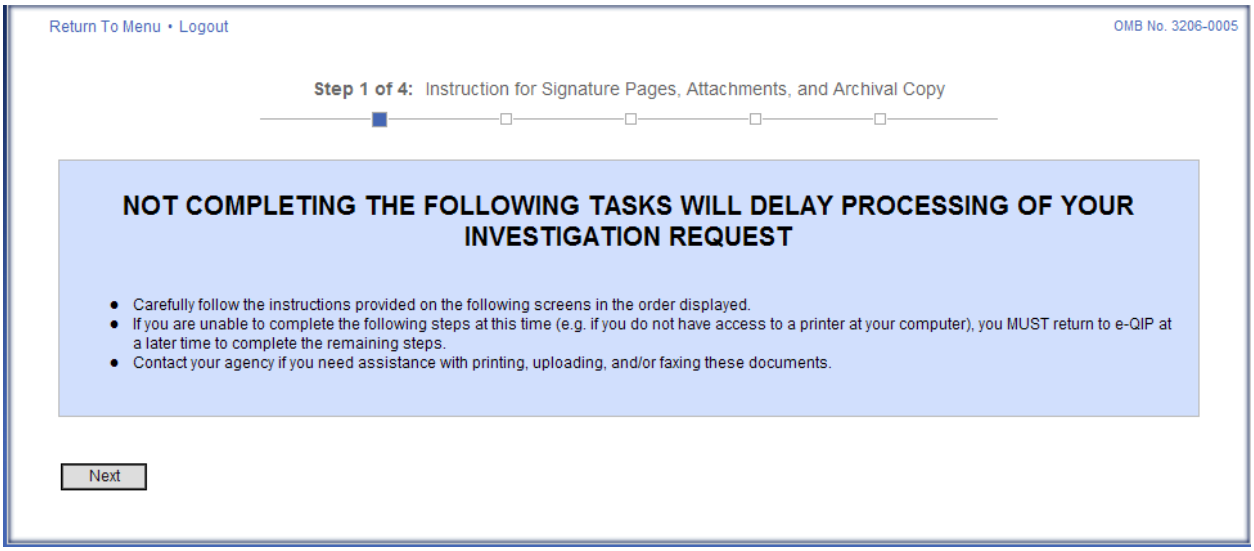
OMB No. 3206-0005

Print and/or save the Click-to-Sign receipt for this signature form by clicking on the link below. Click 'Continue' when finished.

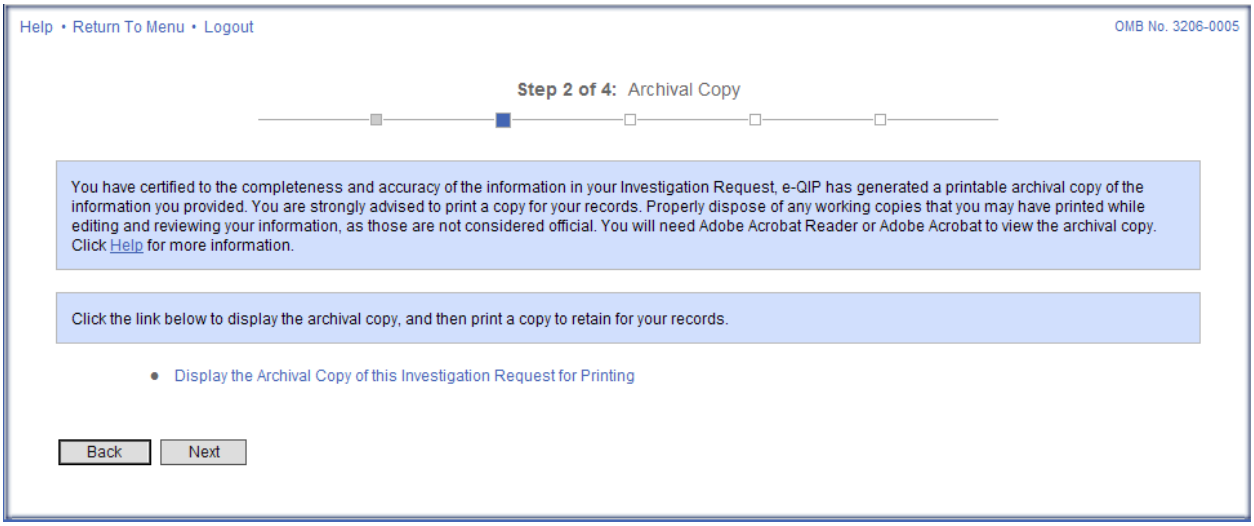
Download Click-to-Sign Receipt

Continue

Once the final form is signed, the applicant will receive instructions for completing the investigation request.

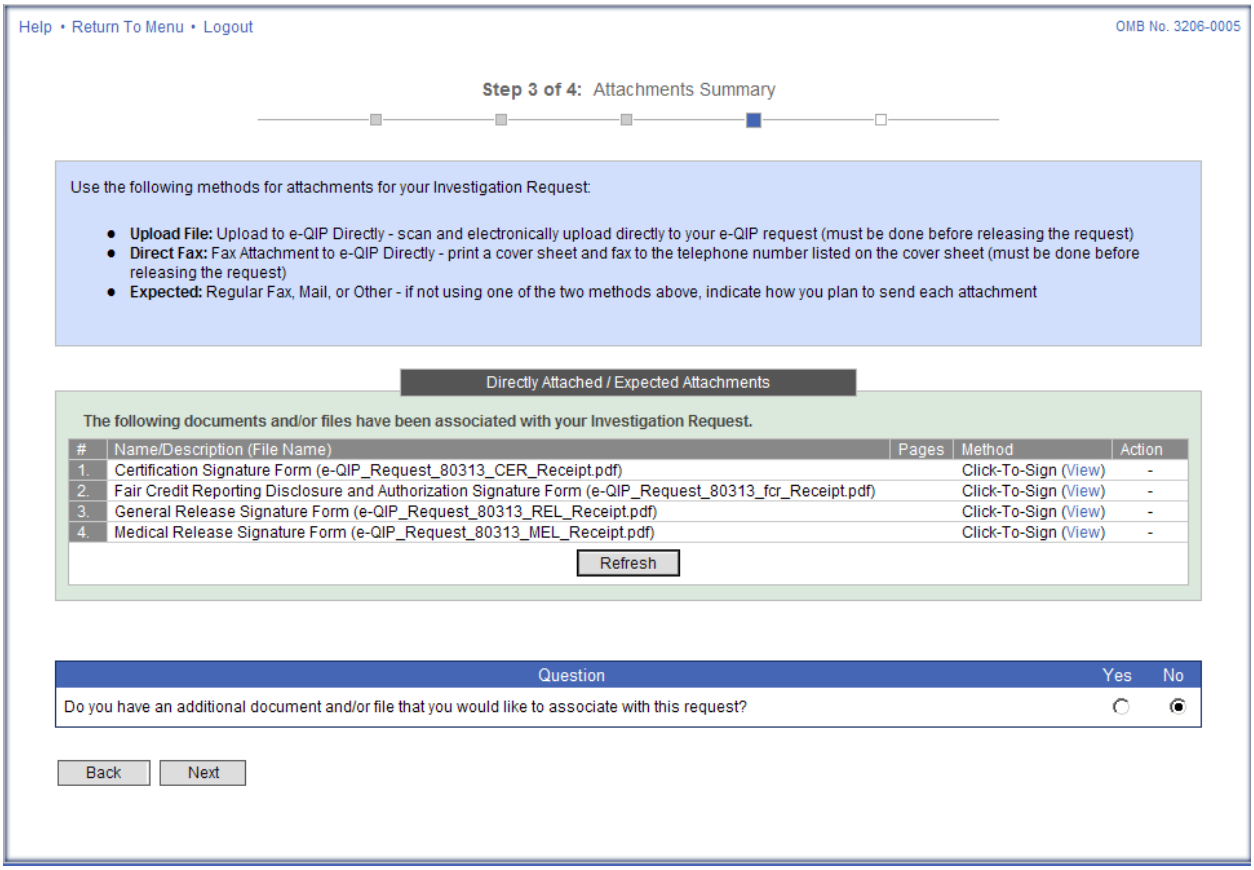


The subject will be given the opportunity to view, print and/or save their archival copy.



<u>In the Attachments Summary screen, the four signature pages are automatically attached to the request and can be viewed and/or printed by the subject prior to release.</u>

Once all attachments are accounted for, the Subject will select “No” to the question at the bottom of the page and Select “Next.”



Help • Return To Menu • Logout

OMB No. 3206-0005

Step 3 of 4: Attachments Summary

Use the following methods for attachments for your Investigation Request:

- **Upload File:** Upload to e-QIP Directly - scan and electronically upload directly to your e-QIP request (must be done before releasing the request)
- **Direct Fax:** Fax Attachment to e-QIP Directly - print a cover sheet and fax to the telephone number listed on the cover sheet (must be done before releasing the request)
- **Expected:** Regular Fax, Mail, or Other - if not using one of the two methods above, indicate how you plan to send each attachment

Directly Attached / Expected Attachments

The following documents and/or files have been associated with your Investigation Request.

#	Name/Description (File Name)	Pages	Method	Action
1.	Certification Signature Form (e-QIP_Request_80313_CER_Receipt.pdf)		Click-To-Sign (View)	-
2.	Fair Credit Reporting Disclosure and Authorization Signature Form (e-QIP_Request_80313_fcr_Receipt.pdf)		Click-To-Sign (View)	-
3.	General Release Signature Form (e-QIP_Request_80313_REL_Receipt.pdf)		Click-To-Sign (View)	-
4.	Medical Release Signature Form (e-QIP_Request_80313_MEL_Receipt.pdf)		Click-To-Sign (View)	-

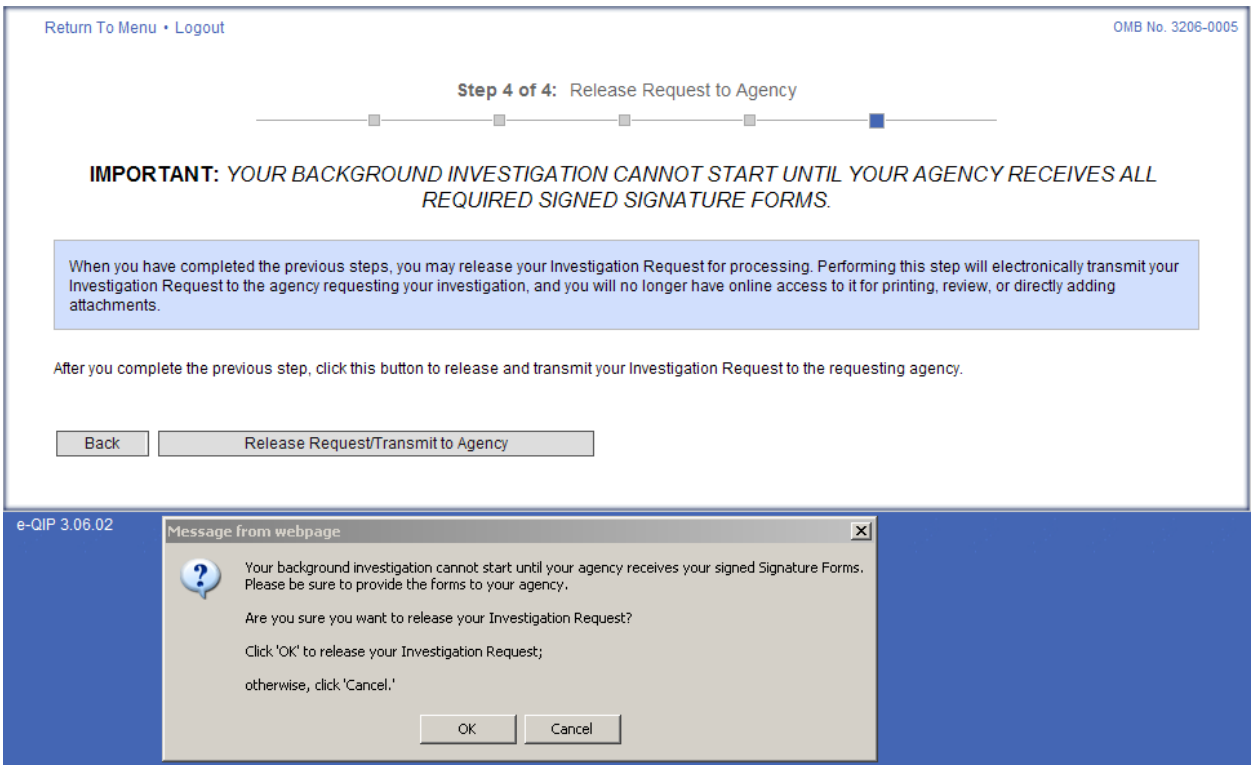
Refresh

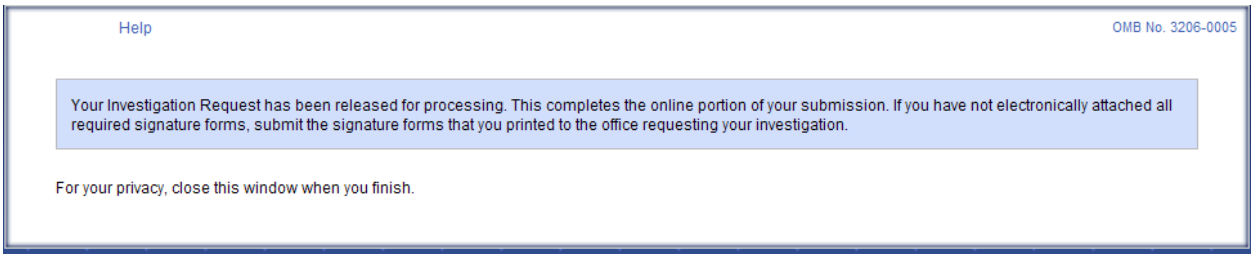
Question	Yes	No
Do you have an additional document and/or file that you would like to associate with this request?	○	◉

Back Next

Click the “Release Request/ Transmit to Agency” button.

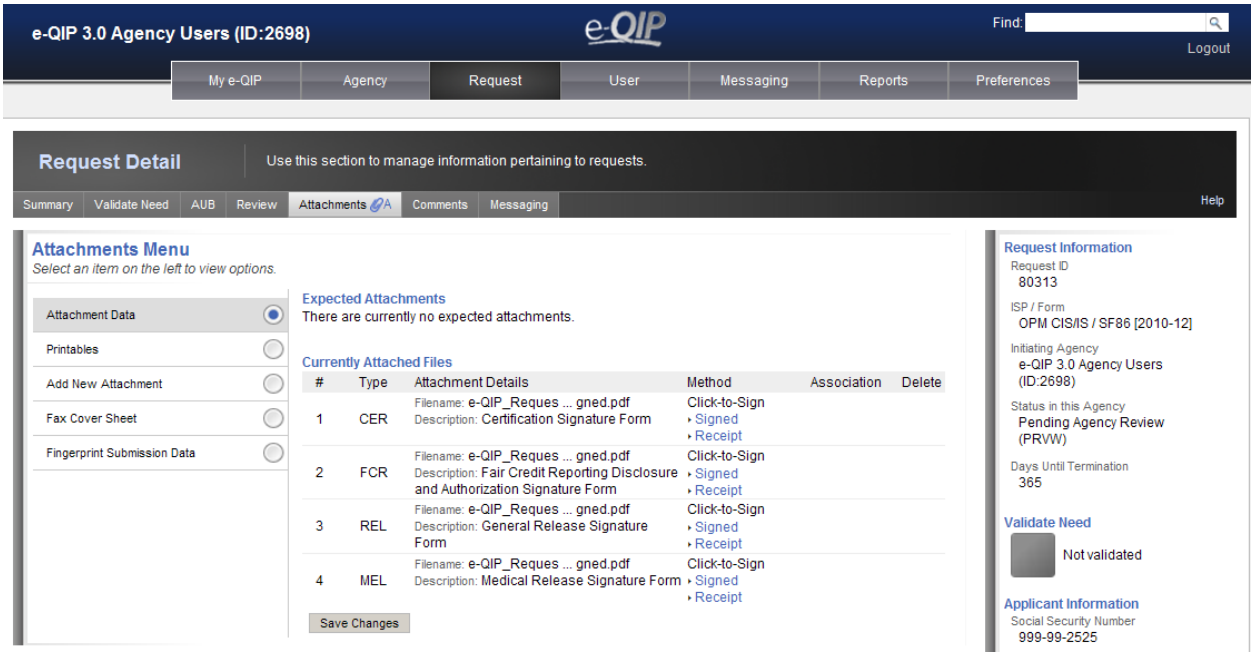
Then click “OK” in the “Message from webpage” popup. The request is submitted to the agency for review.





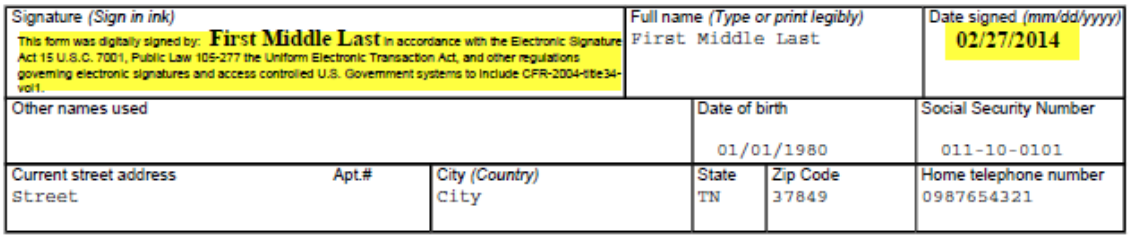
AGENCY INFORMATION ON UPLOADED DOCUMENTS

In the Agency site, the four signature pages are automatically upload, separated and doc-typed.



The signature pages will include data coding in the signature block that includes the regulations that were followed when the request was digitally signed.

The Signature page is also automatically dated.



Signature *(Sign in ink)*			Full name *(Type or print legibly)*		Date signed *(mm/dd/yyyy)*
This form was digitally signed by: **First Middle Last** in accordance with the Electronic Signature Act 15 U.S.C. 7001, Public Law 106-277 the Uniform Electronic Transaction Act, and other regulations governing electronic signatures and access controlled U.S. Government systems to include CFR-2004-title34-vol1.			First Middle Last		02/27/2014
Other names used			Date of birth		Social Security Number
			01/01/1980		011-10-0101
Current street address	Apt.#	City *(Country)*	State	Zip Code	Home telephone number
Street		City	TN	37849	0987654321

e-QIP Version 3.06.02
e-QIP Investigation Request # **1203645**

e-QIP Document Type REL

VA New York Harbor Healthcare System

Click to Sign (CTS) Frequently Asked Questions

1. **Q: What is Click To Sign?**

   A: Click To Sign is a function that allows the Subject to sign their certification page, Fair Credit Release, General and Medical Releases digitally by utilizing their e-QIP password and the documents are automatically uploaded into e-QIP.

2. **Q: Is Click to Sign a secure method that I can use to sign my investigation request in e-QIP?**

   A: There are multiple levels of authentication that occur throughout the e-QIP process

   - An individual can only gain access to e-QIP through an invitation from a sponsoring federal agency.
   - The individual's invitation is active for a restricted number of days during which time the individual proceeds to fill out their standard form.
   - Authentication occurs every time the individual logs into e-QIP by using their username and password.
   - During the initial login to e-QIP the individual must provide specific identifying information, choose a username and password, and choose and answer three challenge questions unique only to them.
   - An e-QIP session will timeout if the individual remains inactive for 15 minutes. This procedure reduces the 'Authentication Risk' of allowing anyone other than the applicant from logging on or accessing information.

3. **Q: How does an applicant digitally sign the forms?**

   A: During the electronic signature process, the individual is presented with the option to sign their forms digitally by using their self-created password for authentication. The final record produced provides an audit trail and data code for all related signed material. The individual is not required or forced to complete the signature process electronically. E-QIP will allow the individual to print their forms and sign using traditional pen and ink.

   Q: When will the applicants be able to use Click to Sign?

   A: Once OPM enables the CTS function for all signature forms in VA, any case that is *certified* by the applicant from that point forward will provide the applicant with the opportunity to digitally sign their signature pages using CTS.

   - Cases currently completed by the applicants/subjects prior to the implementation date, and pending agency review, must be completed using the hard copy signature and manually uploaded into e-QIP.

4. **Q: Will OPM mandate that all of our subjects use CTS from this point forward?**

   A: No, OPM cannot force applicants to use CTS. Applicants will have the option to print and sign their signature pages as they do today. OPM asks our customer agencies to encourage their applicants to use CTS to the widest extent possible to improve the efficiency of the case process.

5. **Q: What regulations were followed to ensure the validity of a digital signature?**

   A: The electronic signature implemented within e-QIP was designed to satisfy Federal e-SIGN and applicable State laws, as well as federal information processing and security standards. Please reference the following websites for further clarification on the regulations pertaining to the digital signature:

   - http://www.opm.gov/investigations/background-investigations/cooperation-in-investigations/#url=Investigator-Verification
   - http://www.opm.gov/investigations/e-qip-application/

Standard Form 86
Revised December 2010
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

OMB No. 3206-0005

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature *(Sign in ink)*	Full name *(Type or print legibly)*	Date signed *(mm/dd/yyyy)*
This form was digitally signed by: **First Middle Last** in accordance with the Electronic Signature Act 15 U.S.C. 7001, Public Law 105-277 the Uniform Electronic Transaction Act, and other regulations governing electronic signatures and access controlled U.S. Government systems to include CFR-2004-title34-vol1.	First Middle Last	**02/27/2014**

Other names used	Date of birth	Social Security Number
	01/01/1980	011-10-0101

Current street address	Apt.#	City *(Country)*	State	Zip Code	Home telephone number
Street		City	TN	37849	0987654321

Standard Form 86
Revised December 2010
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

OMB No. 3206-0005

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature *(Sign in ink)*	Full name *(Type or print legibly)*	Date signed *(mm/dd/yyyy)*
This form was digitally signed by: **First Middle Last** in accordance with the Electronic Signature Act 15 U.S.C. 7001, Public Law 105-277 the Uniform Electronic Transaction Act, and other regulations governing electronic signatures and access controlled U.S. Government systems to include CFR-2004-title34-vol1.	First Middle Last	**02/27/2014**

Other names used	Date of birth	Social Security Number
	01/01/1980	011-10-0101

Current street address	Apt.#	City *(Country)*	State	Zip Code	Home telephone number
Street		City	TN	37849	0987654321

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?

☐ **YES** ☐ **NO**

If so, describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

Dates of treatment?

Signature *(Sign in ink)*	Practitioner name	Date signed *(mm/dd/yyyy)*