## National Background Investigations Bureau

## **CVS Novice User Training Course: Registration Form**

(Registration closes 2 weeks prior to class start)

Contact Information					
Preferred Training Date					
Name	E-mail	Contact Number	Home City	State	
Do you require special accommodations (Optional)	If yes, please describe	Medical alle	Medical allergies (Optional)		
Executive Department/Agency	Ager	ncy	If you are a contractor, please indicate contractor's name		
Your Agency Role	Supervisor/Point of Contact	Contact N	Contact Number		
What is your current level of ex Experienced Beginner	xperience with the Central Verific	ation System (CVS)?			
allows someone to upload clea	arances via a batch file process. authorized users to use specific	or CVS/PIPS Account? (A strictly However, a CVS/Personnel Investunctions of CVS including search	stigations Processing		

CVS/PIPS

**OPM Secure Portal Account** CVS Batch Load Account Multi-Functional Acct

Yes Yes Yes No No

Provide a description of your CVS use (search, upload clearances, report adjudications, decisions, etc.)

We require a 48 hour notice on all cancellations. Thank you for your understanding.

Depending on class availability, we will respond with a confirmation email and additional information.