

## Enrollment Instructions

### West Virginia Practical Nurses (WV LPN)

As a participant of the **WV LPN** program you are required to enroll in Vault Workforce Screening Recovery Management Solutions (RMS) testing program. Please follow the instructions outlined below to ensure timely enrollment and compliance.

1. Go to [www.vaulthealth.com](http://www.vaulthealth.com)
  - Note: Please do not use a mobile phone device. A desktop or laptop should be used for enrollment as you will need to read and print the agreement.
2. Click on the **"FOR CLIENTS"** in top right corner.
3. Click on **"RMS CaseNotes Participant Login"**



COVID TESTING

**FOR CLIENTS**

TRY VAULT

Services

Industries

Technology

Resources

About



RMS CaseWorthy Case Manager

Login

RMS CaseWorthy Participant

Login

RMS CaseNotes Participant

Login

RMS CaseNotes Case Manager

Login

### Client Logins



Workforce Solutions

Login

Workforce Solutions Bill Pay

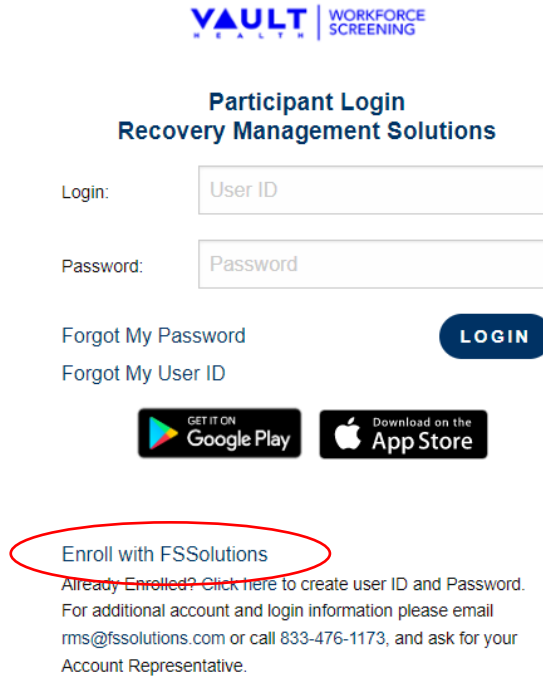
Invoice Payment



Vault Health App Login

4. Click on “Enroll with FSSolutions”

- \*Do not attempt log in until you have completed enrollment\*



VAULT HEALTH | WORKFORCE SCREENING



**Participant Login**  
Recovery Management Solutions

Login:

Password:

[Forgot My Password](#) [LOGIN](#)

[Forgot My User ID](#)

[Enroll with FSSolutions](#)

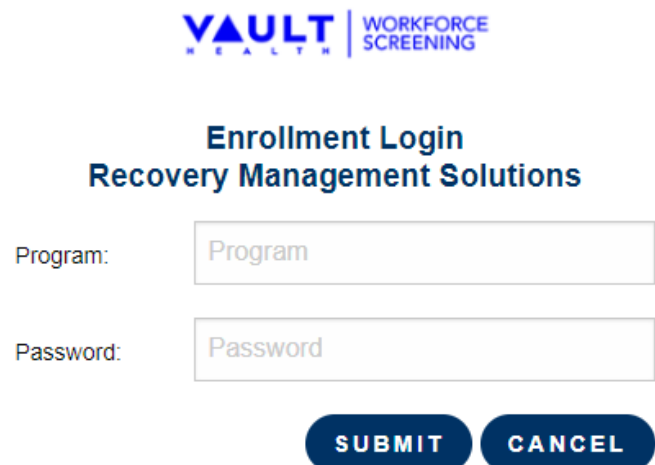
Already Enrolled? [Click here](#) to create user ID and Password.  
For additional account and login information please email [rms@fssolutions.com](mailto:rms@fssolutions.com) or call 833-476-1173, and ask for your Account Representative.

After clicking “Enroll with FSSolutions”, you will be brought to another page:

5. Enter your Program and Password:

**Program: wvlpn**  
**Password: enroll**

6. Click the “Submit” button



VAULT HEALTH | WORKFORCE SCREENING

**Enrollment Login**  
Recovery Management Solutions

Program:

Password:

[SUBMIT](#) [CANCEL](#)

**Begin your Enrollment:**

7. Fill in all of the required fields indicated with an \*.
8. Fill in your Assigned Participant ID as:

**555-00-xxxx**  
(xxxx=last 4 of your SSN)

9. Read and electronically sign the Agreement. Then click **“Submit”**.
10. Print and read the enrollment packet in its entirety.

1. Demographics | 2. Payment | 3. Account | 4. Agreement

**Personal Information**

First Name \*

Middle Name

Last Name \*

Assigned Participant Id \*

Date of Birth \*

Email \*

**Mailing Address**

Address \*

Address 2

City \*

State \*

Zip \*

County \*

**Contacts \***

Select Contact Type

\*If you need assistance with Enrollment, please contact the RMS Team at Vault Workforce Screening  
833-476-1173\*