

Voluntary Long Term Care Background Check Program Fingerprinting Process Using COGENT/GAPS**

You must have an e-mail account to complete this process. You may obtain a free e-mail account at many Web sites, such as www.yahoo.com or www.gmail.com.

A. Step 1 - Complete the GCIC Service Agreement

1. Go to www.ga.cogentid.com
 2. Under the “Agency Use (secure)” tab, click on “How to Enroll Your Agency or Business”
 3. At “**Step 1 Complete the GCIC Service Agreement,**” click on form to be downloaded and **print** the “Georgia Crime Information Center Service Agreement” (three pages)
 4. Complete the **last** page of the **GCIC Service Agreement**
 5. Once the form has been completed, make a copy for your records and mail the original form to the address at the bottom of the page. In seven to 10 days you’ll receive the form back, completed by GCIC with your **OAC** number on the “Agency ORI or OAC #” line. If you do not receive an OAC number within 10 business days, send an e-mail to GAApplicant@gbi.ga.gov and include your business name, address and contact information. **Once you receive the OAC** number, **proceed to Step 2**.
- If your business already has an **OAC** number and you have included it on the GCIC Service Agreement, you may **proceed to Step 2**.

Georgia Crime Information Center (GCIC)
 Service Agreement
 Criminal History Record Checks by Employers and Licensing Authorities

Agency Name _____
 Agency Address _____
 City/State/Zip Code _____
 Agency Mailing Address _____
 City/State/Zip Code _____
 Agency Phone Number _____
 Agency Email Address _____
 Agency ORI or OAC# _____
 (As assigned by FBI or GCIC)

NOTE: If your agency/business does not have an ORI or OAC number, leave the ORI or OAC field blank. An ORI or OAC will be assigned to your agency and mailed to the above address.

IMPORTANT: The agency head, or designee, of a non-criminal justice agency, i.e. State, County or City Government, public or private school requesting an ORI number must submit a letter, on agency letterhead, with a brief description of services provided. Additionally, the request must state whether the agency is requesting an ORI to conduct FBI fingerprint-based record checks under the authority of 1) a specific state law (O.C.G.A.) that is a FBI approved Public Law (Pub. L.) 92-544 statute or, 2) federal authority (such as the Adam Walsh Child Protection and Safety Act). In addition, further information may be necessary for ORI requests submitted for FBI record checks under federal authority.

Will the ORI or OAC # be used for enrollment in Georgia Applicant Processing Services (GAPS)?

Agency Head Signature _____ Print Name/Title _____ Date _____	Agency Contact Signature _____ Print Name/Title _____ Date _____
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Mail Signed Applicant Service Agreement to:

Georgia Bureau of Investigation (GBI)
 Georgia Crime Information Center (GCIC)
 CCH/Identification Services Unit
 P.O. Box 370748
 Decatur, Georgia 30037-0748
 FAX: 404-270-8417
 EMAIL: GAApplicant@gbi.ga.gov

Agency Name:
 Print the name of your business
 i.e. *ABC Personal Care Home*

Agency Address:
 Print the business address or
 mailing address if different from the
 business address

Agency Phone Number:
 Print the most accessible
 phone number

Agency ORI or OAC #:
 Circle **OAC #** and leave line blank

NOTE: If you already have an
OAC # (OAC numbers begin with
GAP), print your OAC on this line.

Agency Head:
 Print name/title of Owner/CEO/
 President of business

Write **"Yes"** in the blank after
 "Will ORI or OAC # be used for
 Enrollment in Georgia Applicant
 Processing Services (GAPS)"

Agency Contact:
 Print name/title of person that
 should be contacted regarding the
 fingerprinting process

** These instructions are for use only for the Voluntary Long-Term Background Check Program and should not be substituted for those instructions used for owners of personal care homes, assisted living communities, private home care providers, community living arrangements as well as directors/managers/administrators of personal care homes and assisted living communities.

B. Step 2 - Complete the GAPS Agency Enrollment Form

Only after receiving your OAC # by mail or e-mail should you begin this step.

1. Go to **www.ga.cogentid.com**
2. Under the “**Agency Use (secure)**” tab, click on “**How to Enroll Your Agency or Business**”
3. At “**Step 2 Complete the GAPS Agency Enrollment Form,**” click on the “**Enroll online by clicking here**” link to begin the enrollment process

NOTE: All yellow areas MUST be completed.

4. When the form is completed, click on “**Save**”
5. Print the form
6. Form must be signed by the Agency Head or Authorized Person
7. You have the option of sending the Enrollment Form by either fax or by mail. Below is the address to send the form by mail:

Cogent Systems, GAPS Enrollment, 5450 Frantz Road, Suite 250, Dublin, OH 43016

NOTE: For expedited service you can fax a copy of the Enrollment Form to Cogent Systems at 614-718-9694.

8. You will receive an e-mail confirmation from Cogent confirming your enrollment within 10 business days. The e-mail will include your Username, Password and Verification Code. If you do not receive an e-mail confirmation within 10 business days, call Cogent Systems or Georgia Bureau of Investigation GCIC CCH Helpdesk. Contact information can be found under **Useful Links** on the main GAPS Web page.


COGENT SYSTEMS [Home](#)
 Georgia Applicant Processing Services

Agency Enrollment

Agency Contact Verification Form

ORI/OAC:
 Agency Name:
 Verification Code: (What is this?) (case sensitive)
 Address:
 City:
 State:
 Zip:
 Contact Person:
 Title:
 Phone:
 Fax:
 Email:
 Billing Address (check if same as above):
 Billing Name:
 Street:
 City:
 State:
 Zip:
 Phone:
 Fax:
 Authorized Person:
 Authorize Date (MM/DD/YYYY):
 Agency Wishes to Establish Billing Account With Cogent Systems: (What is this?)

ORI/OAC:
Enter OAC number you received from GBI (it will be GAP + 6 numbers)

Agency Name:
Verify the name of your business is correct

Contact Person:
Must be the same as on the Agreement Form in Step 1

E-mail Address:
Your e-mail address must be entered

Authorized Person:
Must be the same as on the Agreement Form in Step 1

Verification Code:
Use OAC number without the GA (P+6 digits)

Address:
Enter street address, city, state and zip code of your business or the mailing address if different than the business address

Billing Address:
Complete if the billing address is different from mailing address. If billing and mailing addresses are the same, click on box

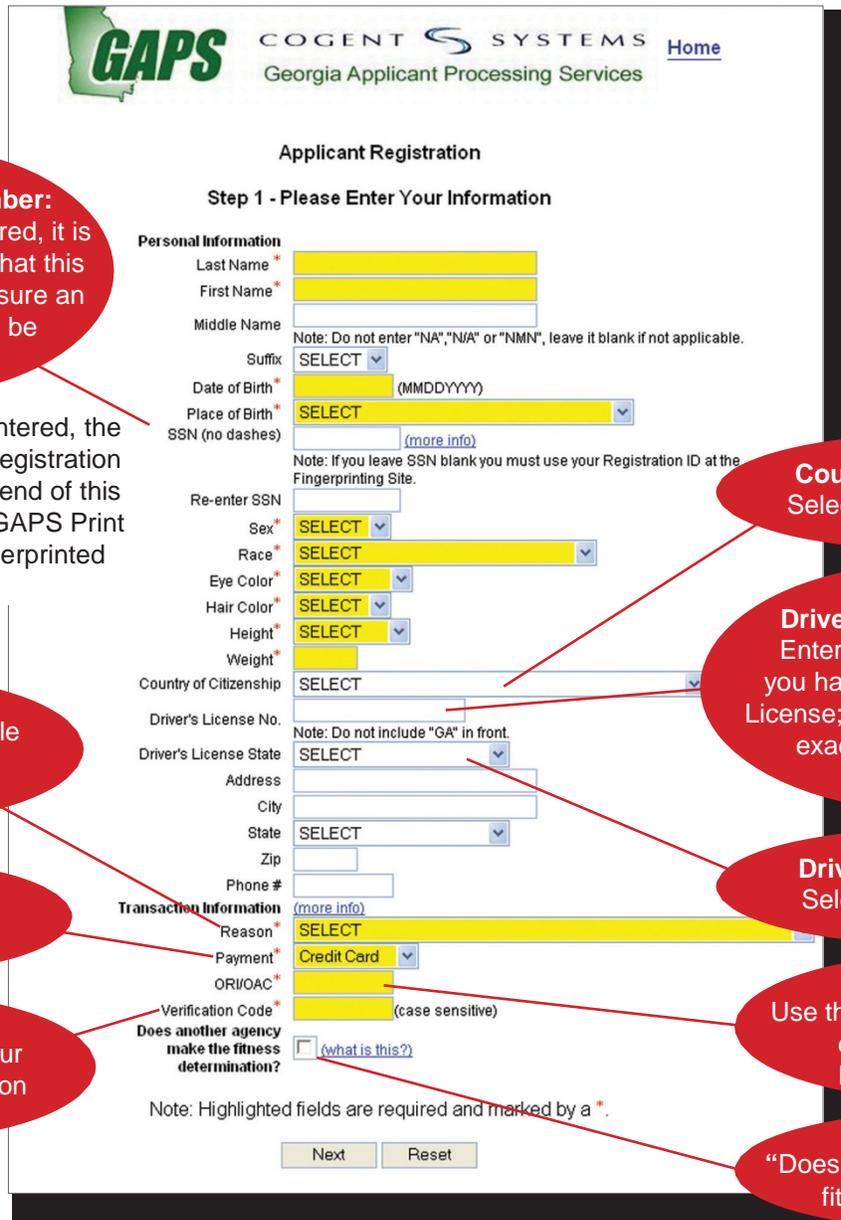
Billing Account:
Click on this box only if you wish to have the **cost of fingerprinting billed** to you. Do not click here if you are paying by credit card during the Registration process or by money order at the time of fingerprinting

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C. Step 3 - Registering for Fingerprinting

This step may be completed ONLY after Step 1 and Step 2 are completed and you have received an e-mail confirmation from Cogent with your Username, Password and Verification Code.

1. Go to **www.ga.cogentid.com**
2. Under the “**Registration**” tab, click on Single Applicant Registration or Multiple Applicant Registration depending on if there is only one person to be fingerprinted (single) or more than one (multiple)
3. Please fill out online application. For each applicant or person to be fingerprinted, all fields with a red asterisk (*) must be completed



GAPS COGENT SYSTEMS Home
Georgia Applicant Processing Services

Applicant Registration

Step 1 - Please Enter Your Information

Personal Information

Last Name *

First Name *

Middle Name

Note: Do not enter "NA", "N/A" or "NMN", leave it blank if not applicable.

Suffix

Date of Birth * (MMDDYYYY)

Place of Birth *

SSN (no dashes) [\(more info\)](#)

Note: If you leave SSN blank you must use your Registration ID at the Fingerprinting Site.

Re-enter SSN

Sex *

Race *

Eye Color *

Hair Color *

Height *

Weight

Country of Citizenship

Driver's License No.

Note: Do not include "GA" in front.

Driver's License State

Address

City

State

Zip

Phone #

Transaction Information

Reason *

Payment *

ORI/OAC *

Verification Code * (case sensitive)

Does another agency make the fitness determination? [\(what is this?\)](#)

Note: Highlighted fields are required and marked by a *.

Social Security Number:
Although this is not required, it is strongly recommended that this field be completed to ensure an accurate search can be made if needed

NOTE: If the SSN is **not** entered, the applicant must take the Registration ID number assigned at the end of this registration process to the GAPS Print location in order to be fingerprinted

Reason:
Select DCH – Affordable Care Act

Payment:
Choose your method of payment

Verification Code:
Use code given in your Enrollment confirmation e-mail

Country of Citizenship:
Select the correct country

Driver's License Number:
Enter ONLY the numbers if you have a Georgia's Driver's License; for all other states enter exactly as shown on the Driver's License

Driver's License State:
Select the correct state

ORI/OAC:
Use the OAC number (GAP + 6 digits) shown on the Enrollment e-mail

Check the Box:
"Does another agency make the fitness determination?"

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You must check the box
or you will receive
an error message



State: SELECT
Zip: []
Phone #: []
Email: []

Transaction Information [\(more info\)](#)
Reason*: DCH - Affordable Care Act
Payment*: Credit Card
STOP No unemployment cards, child support cards or gift cards are accepted.
ORI/OAC*: []
Verification Code*: [] (case sensitive)
Does another agency make the fitness determination? (what is this?)
Choose Agency: DCH - Affordable Care Act
If yes, enter determining agency's ORI: GAPAC000Z *

Note: Highlighted fields are required and marked by a *.

Next Reset

From the Choose Agency drop down box, Select "DCH – Affordable Care Act."

Notes on filling out online applicant registration:

Under Transaction Information:

A. Reason - Click on the arrow on the right side of the box and pull down to the reason for being fingerprinted. If you need assistance with selecting the correct reason, contact the Department of Community Health (DCH) at: **404-656-0464** or **404-463-0115** or by e-mail at voluntarybackgroundcheck@dch.ga.gov.

NOTE: Failure to select the correct Reason from the drop-down menu may cause your fingerprint submission to be rejected and/or possible sanctions levied against your business by Healthcare Facility Regulation Division (formerly the Office of Regulatory Services).

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Notes on filling out online applicant registration, continued:

B. Payment

- Choose **Credit Card** if paying at this time. You will be given an opportunity to enter your credit card information during this registration process, so be sure to have your credit card available.
- Choose **Money Order** if paying at the GAPS Print location when the applicant goes to be fingerprinted. **NOTE:** This will only be an option on the single applicant entry. All money orders should be made payable to **Cogent Systems/GAPS** and in the amount of **\$52.75**.
- Choose **Agency** if you selected to be set up for billing by Cogent Systems during the Enrollment process. A **Billing Code** and **Billing Password** should be found in the Enrollment Confirmation e-mail from Cogent Systems if you selected to be set up for billing. The agency will be billed for the service in the amount of **\$52.75** per individual registered through Single or Multiple Applicant Registration.

C. “Does another agency make the fitness determination?” Check this box!

NOTE: Failure to check the box for “Does another agency make the fitness determination?” and complete the information below may cause a rejection if the transaction is accepted. The applicant will have to be re-registered and repay for the fingerprint services.

- Choose Agency - Select **DCH-Affordable Care Act**
- Determining Agency ORI - Enter **GAPAC000Z**
- Click on “**Next**” at the bottom of the page

D. **Verify** that the information is correct. If anything needs to be corrected, click “**Back**” to return to the previous screen and make the corrections.

E. If no corrections are needed, click “**Next.**” **Print** the “Thank you for registering” page with the Registration ID number.

NOTE: Bring this page with the Registration ID to the GAPS Print location when fingerprinted.

Federal Bureau of Investigation Privacy Act Notice

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form (FBI Applicant cards or FD-258) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoptive checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s), of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).