

Fingerprinting Process Using COGENT/GAPS

Personal Care Homes, Private Home Care and Community Living Arrangements

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.hotmail.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.**

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

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	Agency Contact
Signature _____	Signature _____
Print Name/Title _____	Print Name/Title _____
Date _____	Date _____

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

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

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.

The screenshot shows the 'Agency Enrollment' form on the GAPS website. The form is titled 'Agency Enrollment' and 'Agency Contact Verification Form'. It contains several sections with yellow highlighted input fields. Red callout boxes provide instructions for these fields:

- 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

The form fields include: ORI/OAC, Agency Name, Verification Code (case sensitive), Address, City, State (dropdown menu showing GEORGIA), Zip, Contact Person, Title, Phone, Fax, Email, Billing Address (checkbox), Billing Name, Street, City, State (dropdown menu showing GEORGIA), Zip, Phone, Fax, Authorized Person, and Authorize Date (MM/DD/YYYY) (01/19/2010). There are 'Save' and 'Cancel' buttons at the bottom.

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
Suffix: SELECT
Date of Birth * (MMDDYYYY)
Place of Birth *
SSN (no dashes) (more info)
Re-enter SSN
Sex: SELECT
Race *
Eye Color: SELECT
Hair Color *
Height *
Weight *
Country of Citizenship: SELECT
Driver's License No.
Driver's License State: SELECT
Address
City
State: SELECT
Zip
Phone # (more info)

Transaction Information

Reason *
Payment: Credit Card
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 *.

Next Reset

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 the reason for being fingerprinted (Always starts with DCH)

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?"

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 **404-463-7370** or by e-mail at **dostrander@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).

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 **\$52.90**
- 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 (PCH, CLA or PHC) will be billed for the service in the amount of **\$52.90** 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 **Department of Community Health**
- Determining Agency ORI - Enter **GA922960Z**
- 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 your for registering” page with the Registration ID number.

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