Applicant Registration for Fingerprinting

Fingerprinting Registration Process for the Voluntary Background Check Program

Applicants for Employment or Current Employees of Home Health Agencies, Hospice, Private Home Care, Nursing Homes, and Long Term Acute Care Hospitals

Helpful hints in completing your Georgia Applicant Processing Services Fingerprint Registration

- The Georgia Bureau of Investigation contracts with Georgia Applicant Processing Services to conduct live scan fingerprinting on a statewide basis.
- In February 2016, The Department of Community Health (DCH) required certain facilities to use the Georgia Criminal History Check System (GCHEXS) for applicants requiring fingerprinting.
- Effective September 28, 2017, applicants will no longer be required to separately go to the Georgia Applicant Processing Services website to register for fingerprinting. Once an applicant has completed their GCHEXS application, GCHEXS will re-direct them to the Georgia Applicant Processing Services website for payment. The applicants will only have to acknowledge the Non-Criminal Justice Applicant's Privacy Rights and enter their Social Security number prior to making their payment. **NOTE: Applicants will no longer be able to register separately for fingerprinting using the Georgia Applicant Processing Services website without first applying through GCHEXS.**
- It is very important that when you are adding an application in GCHEXS that the correct “Reason for Fingerprinting” be selected. The selection you make will be then be transferred to the Georgia Applicant Processing Services fingerprint registration page and you’ll be unable to change the selection. DCH cannot make a fingerprint determination if the applicant has chosen the wrong reason for fingerprinting. You cannot choose, for example, DCH – Personal Care Home (Owner) when the person being registered for fingerprinting is a Director or an employee. Should this occur, DCH will not issue a fitness determination letter.
- On the Georgia Applicant Processing Services website at [https://www.ga.cogentid.com/index.htm](https://www.ga.cogentid.com/index.htm), click on **Fingerprint Locations** to see vendor, street address, city and telephone number of the live scan fingerprint vendor.
- A Frequently Asked Questions (FAQ) regarding GCHEXS can be found at: [https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs](https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs).
1) Create Application:

Search for Existing Profile

Enter Search Criteria:
If using the Name field, be sure to type the LAST name as it appears on the applicant's driver's license or valid government issued ID. This cannot be changed once you start the application.

An Individual Taxpayer Identification Number (ITIN) is a tax processing number issued by the Internal Revenue Service. The ITIN should be used as a substitute for the SSN only if the applicant does not have a Social Security Number issued by the Social Security Administration (SSA).

* SSN / ITIN: 083-91-0391 AND Last Name: Doe OR Date of Birth: 12/01/1970

Search

Results
This individual was not found in GCHEXS.

Add New Applicant

NOTE: The screenshots used in this module are for training purposes only.

2) Enter Person Profile:

Applicant: Jane Doe

Personal and Demographic Information

* Required

SSN: 083-91-0391 This is an ITIN: No
* Confirm SSN: 083-91-0391

Date of Birth: 12/1/1970
* Race: Asian
* Gender: Female
* Eye Color: Blue
* Hair Color: Black
* Height: 5'2"
* Weight: 101

US Citizen: Yes

Place of Birth: US: Alabama

* Phone: 404-123-0789
* Phone Type: Home

Secondary Phone: 
Secondary Phone Type: 

Email: JDoe@testData.com
3) Enter Provider Information

* Required
- Provider: Test Provider
- Position Category: Executive, Administrative, Managerial
- Position: Nursing Home Director / Business Mana
- Employee Type: Employee

4) Verify Identity

Applicant: Verify Identity

Jane Doe, 083-91-0391, 12/1/1970

Select Document
Select document and enter the additional information.
- Document: State Issued Driver’s License
  - Issuing State / Authority: GA DOT
  - Document Number: 012345678
  - Expiration Date: 01/31/2018

State Issued Driver’s License

Please scan and upload a copy of the photo identification document here.

Upload Document
5) **Reason for Fingerprinting**

Very important that the correct Reason for Fingerprinting is selected. Should the incorrect Reason be chosen, DCH will not process your criminal history determination.

6) **Applicant Consent**

By checking this box, I acknowledge that the Department of Community Health and/or its agent(s) are not responsible for the accuracy of the content of the registries and are also not responsible for any management actions and/or employment decisions which are made by the Facility based on the findings of the appropriate registry screening.

By checking this box, I affirm that the applicant provided photographic identification and written consent, upon submission of fingerprints, for the Department of Community Health to conduct a state and national criminal history and national criminal history record check.
7) Check Registries

Applicant: Research Registries

Jane Doe, 083-91-0391, 12/1/1970, Application #: 66783
No recorded aliases.

<table>
<thead>
<tr>
<th>Registry Name</th>
<th>Research Requirements</th>
<th>Research Results</th>
<th>Research Completed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>GA Professional Licenses</td>
<td>Manual Search Required</td>
<td>Cleared</td>
<td>01/25/2017</td>
<td></td>
</tr>
<tr>
<td>GA Sex Offender Registry</td>
<td>Automatch performed, no matches found</td>
<td>Cleared</td>
<td>01/25/2017</td>
<td></td>
</tr>
<tr>
<td>Multi-State Nurse Aide Registry</td>
<td>Automatch performed, no matches found</td>
<td>Cleared</td>
<td>01/25/2017</td>
<td></td>
</tr>
<tr>
<td>OIG List of Excluded Individuals/Entities Registry Checked On 01/25/2017</td>
<td>Automatch performed, no matches found</td>
<td>Cleared</td>
<td>01/25/2017</td>
<td></td>
</tr>
<tr>
<td>National Sex Offender Public Website</td>
<td>Manual Search Required</td>
<td>Cleared</td>
<td>01/25/2017</td>
<td></td>
</tr>
</tbody>
</table>

Research Registries Not Listed

Withdraw  Save and Close
8) Verify Data and Submit

**Personal and Demographic Information**
- **First Name:** Jane
- **Last Name:** Doe
- **SSN:** 083-91-0391
- **Date of Birth:** 12/1/1970
- **Race:** Asian
- **Gender:** Female
- **Eye Color:** Blue
- **Hair Color:** Black
- **Height:** 5'2"
- **Weight:** 101
- **Primary Phone:** 404-123-6789
- **Email Address:** JDoe@TestData.Com

**Permanent Address**
- **Address Line 1:** 123 Peachtree
- **City:** Atlanta
- **State:** GA
- **ZIP:** 30115

**Mailing Address**
- **Address Line 1:** 123 Peachtree
- **City:** Atlanta
- **Mailing State:** GA
- **ZIP:** 30115

**Aliases/Prior Names (Includes all names by which an applicant is currently known or has been identified as)**
- This individual does not have any aliases entered.

**Prior Addresses within the last 7 years**
- This individual does not have any prior addresses entered.

[Edit Applicant Profile]

[Withdraw]  [Save and Close]
9) Confirmation and Georgia Applicant Processing Services Link to Register:

Click on the “Register with Georgia Applicant Processing Services for Fingerprinting” link above

You must also download and complete the Criminal Records Check Authorization Form by clicking on the link above. After completion, you can upload the form by clicking on the Upload Document icon or email it to: dmatthews@dch.ga.gov or sakinah.johnson@dch.ga.gov
Click Box, “I have read and accepted these terms.” Then click “Continue”
11) Verification of GCHEXS Background Check

Enter Last Name and DOB and Click “Submit”
12) Applicant Registration Screen

The Information above will be transferred from your GCHEXS application. Click “Continue.”
13) Applicant Payment Screen

If paying by credit card, enter all the applicable information in the yellow highlighted fields. Click “Pay.”
14) Applicant Registration and Payment Receipt

Applicant Registration
Step 3 - Registration Complete

Thank you for Registering
Receipt

Registration ID: GBW171PB27480746
Requesting Agency: GAPAC000Z
Results will be sent to: -
Last Name: DOE
First Name: JANE
Reason for Fingerprinting: DCH - Personal Care Home
(Director/Administrator/Manager)
Payment Type: Money Order
Transaction Fee: $48.25

NOTE: You did not enter a SSN, therefore you must bring your Registration ID with you to be fingerprinted.

Please print this receipt and bring with you to the fingerprint site. If unable to print the receipt, you can email it or simply copy the Registration ID to bring with you.

Print Receipt  Close

Register Another Applicant

Applicant should bring a copy of this receipt to the fingerprint location site to verify payment was made.
For out-of-state owners, you may want to submit hard copy paper fingerprint cards in lieu of coming to Georgia to be fingerprinted. If you checked the box to indicate you want to submit paper fingerprint cards in lieu of electronic fingerprinting, you will receive the enclosed pop up box in which you agree to submit fingerprint cards for an additional $8.00 processing fee. Click the Details link for information on submitting paper fingerprint cards.

NOTE: DCH normally receives fingerprint results from live scan machines in 24-48 hours. If you elect to submit manual fingerprint cards, you must go to your local law enforcement agency and have your fingerprints taken on paper cards. You would then submit the fingerprint card (write your Agency ID on back of the card) and attach a copy of your Georgia Applicant Processing Services payment receipt to the card and mail it to the Georgia Applicant Processing Services address listed on the Details link noted above. From the time, you mail your fingerprint card to Georgia Applicant Processing Services, it could take up to seven business days for DCH to receive your fingerprint results.
The below instructional screen appears when you click the Details link on the Applicant Registration tab if you check the box that you want to submit your fingerprints on paper in lieu of electronically.

**Georgia Applicant Processing Service**

**Hardcopy Fingerprint Card Submission Instructions**

<table>
<thead>
<tr>
<th>Overview</th>
<th>Applicants that are out-of-state, unable to visit an electronic fingerprinting location, or are otherwise unable to be electronically fingerprinted may submit hardcopy fingerprint cards to Georgia Applicant Processing Services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td>Applicants who are submitting ink cards for a required Georgia background check should follow the steps below:</td>
</tr>
<tr>
<td></td>
<td><strong>Register</strong> – All applicants must be registered prior to sending hardcopy fingerprint cards. You can register online at <a href="http://www.cogentid.com">www.cogentid.com</a>. Be sure to select the Fingerprint Card User box. Applicants may also contact the Registration Call Center to register by phone: 1-888-439-2512</td>
</tr>
<tr>
<td></td>
<td><strong>Payment</strong> – Payment may be made online or a money order can be sent with your fingerprint card:</td>
</tr>
<tr>
<td></td>
<td><strong>Option 1: Online Payment</strong> – Applicants may pay online at the time of registration using a credit/debit card, or the transaction may be billed to your employer using &quot;agency pay.&quot;</td>
</tr>
<tr>
<td></td>
<td><strong>Option 2: Send payment with Fingerprint Card</strong> – Money order only. Cash and personal checks are not accepted.</td>
</tr>
<tr>
<td></td>
<td><strong>Registration ID</strong> - All applicants will receive a Registration ID. Write this number on the back of your fingerprint cards.</td>
</tr>
<tr>
<td></td>
<td><strong>Submission</strong> – Mail the cards (and if applicable, payment) to:</td>
</tr>
<tr>
<td></td>
<td>Georgia Applicant Processing Services, Georgia Card Scan 639 N Rosemead Blvd Pasadena, CA 91107</td>
</tr>
<tr>
<td></td>
<td><strong>Results</strong> – Background check results will be sent directly to your employer. Georgia Applicant Processing Services does not have access to background check results or make employment determinations. Please check with your employer regarding questions about your background check results.</td>
</tr>
</tbody>
</table>

**NOTE:** For Owners, background check results will be sent to DCH, not to the employer.