



## Applicant Registration for Fingerprinting

### Fingerprinting Process for Owners/Administrators of Narcotic Treatment Centers

#### 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 submitting an application 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>, 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>.



### 1) Create Application:

Home Applications Determinations Appeals Employees Search Reports Reference Admin

**Add New** | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Application Forms | Registry Recheck | Registry Recheck Log

Applicants: [Add New](#)

**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:  AND Last Name:  OR Date of Birth:

Results

This individual was not found in GCHEXS.

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

### 2) Enter Person Profile:

Applicant: [Profile](#)

**Personal and Demographic Information**

\* Required

\* First Name:   
Middle Name:   
Last Name:   
Suffix:

SSN:  This is an ITIN: No  
\* Confirm SSN:   
Date of Birth:

\* Race:   
\* Gender:   
\* Eye Color:   
\* Hair Color:   
\* Height:   
\* Weight:   
US Citizen:   
\* Place of Birth:   
\* Phone:   
\* Phone Type:   
Secondary Phone:   
Secondary Phone Type:   
\* Email:

**Permanent/Physical Address**

\* Address Line 1:   
Address Line 2:   
\* City:   
\* State:   
\* Zip Code:   
County:

**Mailing Address**

Same as Permanent Address



Prior Names and Aliases

\*  The individual reports that they have not been known by any other names

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.
Add Alias

Prior Addresses

\*  The individual reports that they have not lived out of state during the specified time frame

This individual does not have any prior addresses entered.
Add Prior Address

Back Next

3) Enter Provider Information

Home Applications Determinations Appeals Employees Search Reports Reference Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Application Forms
Registry Recheck | Registry Recheck Log

Pre-Employment Information

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

\* Required

Provider: NTP Test Provider
Position Category: Executive, Administrative, Managerial
\* Position: Narcotics Treatment Program Owner/Administrator
\* Employee Type: Employee

Save and Close

Back Next

4) Verify Identity

Home Applications Determinations Appeals Employees Search Reports Reference Admin
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Application Forms | Registry Recheck | Registry Recheck Log

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

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

Upload Document

Back Next



## 5) Reason for Fingerprinting

Home Applications Determinations Appeals Employees Search Reports Reference Admin

**Add New** | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Application Forms  
| Registry Recheck | Registry Recheck Log

Applicant: Reason for Fingerprinting

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

Reason for Fingerprinting

\* Required

\* Reason for Fingerprinting: DCH - Narcotics Treatment Program

Withdraw Save and Close Back Next



**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

Home Applications Determinations Appeals Employees Search Reports Reference Admin

**Add New** | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Application Forms | Registry Recheck | Registry Recheck Log

Jane Doe, 083-91-0391, 12/1/1970, Application #: 66783

\* Required

\*  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.

Withdraw Save and Close Back Next



## 7) Check Registries

Home Applications Determinations Appeals Employees Search Reports Reference Admin  
**Add New** | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Application Forms  
 | Registry Recheck | Registry Recheck Log

Applicant: Research Registries

Jane Doe, 083-91-0391, 12/1/1970, Application #: 293271  
 No recorded aliases.

### Required Registries

Registry	Research Requirements	Research Results	Research Completed	Actions
<a href="#">GA Professional Licenses</a> Registry Checked On 11/21/2017	Manual Search Required	* Cleared	11/21/2017	<a href="#">Add Note</a>
<a href="#">GA Sex Offender Registry</a> Registry Checked On 11/21/2017	Automatch performed, no matches found	* Cleared	11/21/2017	<a href="#">Add Note</a>
Multi-State Nurse Aide Registry (Includes DC, FL, GA, NM, OH, OK, OR, UT, WV) Registry Checked On 11/21/2017	Automatch performed, no matches found	* Cleared	11/21/2017	<a href="#">Add Note</a> <a href="#">View Notes (1)</a>
<a href="#">OIG List of Excluded Individuals/Entities</a> Registry Checked On 11/21/2017	Automatch performed, no matches found	* Cleared	11/21/2017	<a href="#">Add Note</a>
<a href="#">National Sex Offender Public Website</a> Registry Checked On 11/21/2017	Manual Search Required	* Cleared	11/21/2017	<a href="#">Add Note</a>

### Optional Registries

There are no optional registries.

### Out of State Registries

There are no out of state registries.

Research Registries Not Listed

[Withdraw](#) [Save and Close](#)

[Back](#) [Next](#)

\*\* Although the registry checks are not a requirement of the background check process, it is a built in component of GCHEXS. In order to navigate through the GCHEXS registration process, all applicants must complete the various registries. Based on the results of the registries, it will be up to the Narcotic Treatment Program facility to hire or disqualify the applicant.



### 8) Verify Data and Submit

Home Applications Determinations Appeals Employees Search Reports Reference Admin  
Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Application Forms | Registry Recheck | Registry Recheck Log

Applicant: Data Review

Profile Identity Verification Pre-Employment Registry Results

Personal and Demographic Information

First Name: Jane	SSN: 083-91-0391 Is ITIN: No
Middle Name:	Date of Birth: 12/1/1970
Last Name: Doe	Race: Asian
Suffix:	Gender: Female
<b>Permanent Address</b>	Eye Color: Blue
Address Line 1: 123 Peachtree	Hair Color: Black
Address Line 2:	Height: 5'2"
City: Atlanta	Weight: 101
State: GA	Primary Phone: 404-123-6789
ZIP: 30115	Secondary Phone:
County:	Email Address: JDoe@TestData.Com
<b>Mailing Address</b>	
Address Line 1: 123 Peachtree	
Address Line 2:	
City: Atlanta	
Mailing State: GA	
ZIP: 30115	
County:	

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](#) [Back](#) [Submit](#)



9) Confirmation and Georgia Applicant Processing Services Link to Register:

Home Applications Determinations Appeals Employees Search Reports Reference Admin

Add New Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Application Forms | Registry Recheck | Registry Recheck .og

Applicant: Confirmation

Jane Doe, 083-91-0391, 12/1/1970, Application #: 66783

**Application Submitted Confirmation**

Application Status  
Your application was successfully submitted.

This applicant has not been determined eligible for employment and fingerprints must be received by 4/25/2017. The status of the application can be tracked by clicking the [Determination In-Process](#) link above.

[Register with Coqent for Fingerprinting](#)

Application Forms

[Final Registry Results](#)  
Final Registry Results

[Criminal Records Check Authorization Form](#)  
Criminal Records Check Authorization Form

Uploaded Documents

Testing document upload text.

[Upload Document](#)

Where does this show up? NAW Confirmation Page

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](mailto:dmatthews@dch.ga.gov) or [sakinah.johnson@dch.ga.gov](mailto:sakinah.johnson@dch.ga.gov)



## 10) Applicant's Privacy Rights Acknowledgement Form

The screenshot shows a web browser window with the URL [https://ga-aps.3m.com/per/pub/registration\\_ga\\_pci.pl?UserID=&L](https://ga-aps.3m.com/per/pub/registration_ga_pci.pl?UserID=&L). The page header includes the 3M Cogent logo and the text "Applicant Fingerprinting Online Services". Below the header is a "Select Language" dropdown menu. The main content area is titled "Non-Criminal Justice Applicant's Privacy Rights" and contains the following text:

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

You must be provided written notification that your fingerprints will be used to check the criminal history records of the Georgia Crime Information Center (CCIC) and the FBI when a federal record check is so authorized.

If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

The agency must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If agency policy permits, the agency may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your criminal history may be obtained at <http://ghi.georgia.gov/obtaining-criminal-history-record-information>.

If you decide to challenge the accuracy or completeness of your criminal history record, you should send your challenge to the agency that contributed the questioned

I have read and accepted these terms. [Print](#) | [Download](#)

Buttons:

Click Box, "I have read and accepted these terms." Then click "Continue"



### 11) Verification of GCHEXS Background Check



**Applicant Fingerprinting Online Services**

Pay by Credit or Debit Card or Agency Account



The Patient Protection and Affordable Care Act of 2010 established the framework for a nationwide program to conduct background checks on a statewide basis on all prospective direct patient access employees of long term care (LTC) facilities and providers. The purpose of the National Background Check Program (NBCP) is to identify efficient, effective, and economical procedures for conducting background checks.

To verify that the background check was initiated in GCHEX and pay for the fingerprint, enter the background check subject's information below.

After completing payment, the background check subject may go to any Gemalto Cogent fingerprint location. The background check subject must bring his or her unique Fingerprint Authorization form and his or her driver's license, government-issued ID, or other acceptable identification to the fingerprint location.

**Input Your Information Below to Pay for the Fingerprint**

Determination ID:	<input type="text" value="1038496"/>
Last Name:	<input type="text" value="GEMALTO"/>
DOB (yyyymmdd):	<input type="text" value="19800101"/>
<input type="button" value="Submit"/> <input type="button" value="Close"/>	

**Enter Last Name and DOB and Click "Submit"**

### 12) Applicant Registration Screen



**Applicant Fingerprinting Online Services**



Select Language | **Applicant Registration -- Pay for Fingerprint**

<b>Transaction Information</b>			
Determination ID:	<input type="text" value="1038496"/>	ORI:	<input type="text" value="GA922960Z"/>
Transaction Type:	<input type="text" value="DCH-Narcotic Treatment Program"/>		
Reason:	<input type="text" value="Other"/>	Fingerprint Deadline:	<input type="text"/>
Payment:	<input type="text" value="Credit Card"/>	Fingerprint Card User:	<input type="checkbox"/> <small>By Checking this box, you are agreeing to Submit Link Cards to Gemalto Cogent. See <a href="#">here</a> for details.</small>
<small>No unemployment cards, child support cards or gift cards are accepted.</small>			
<b>Personal Information</b>			
Last Name:	<input type="text" value="GEMALTO"/>	First Name:	<input type="text" value="TEST"/>
Middle Name:	<input type="text"/>	Suffix:	<input type="text"/>
Date of Birth:	<input type="text" value="01011980"/>	Place of Birth:	<input type="text" value="AL"/>
Sex:	<input type="text" value="M"/>	Race:	<input type="text" value="A"/>
Eye Color:	<input type="text" value="BLK"/>	Hair Color:	<input type="text" value="BLK"/>
Height:	<input type="text" value="000"/>	Weight:	<input type="text" value="111"/>
Country of Citizenship:	<input type="text" value="AF"/>	Social Security #:	<input type="text" value="129038109"/>
<b>Address Information</b>			
Address:	<input type="text" value="123 MAIN STREET"/>	Address 2:	<input type="text"/>
City:	<input type="text" value="ROSWELL"/>	County:	<input type="text"/>
State:	<input type="text" value="GA"/>	Zip:	<input type="text" value="12341"/>
Email:	<input type="text" value="test@test.com"/>		

Note: \* Fields in yellow are required.  
Please note that fingerprinting hours may be different than open store hours. Be sure to confirm that the location is fingerprinting before heading down.



The Information above will be transferred from your GCHEXS application. Click "Continue."

13) Applicant Payment Screen

**3M** Applicant Fingerprinting Online Services  
Step 3 - Credit Card Payment

Registration Information

Registration ID:	GBW171PB27480746	Name:	JANE DOE
Transaction Type:	DCH - Personal Care Home (Director/Administrator/Manager)		
Transaction Fee:	\$48.25		

\* Fields with the yellow background color are required. [Important notice regarding failed payments and google toolbar](#)

<p>Credit Card Information</p> <p>Credit Card Type  <input type="text" value="Visa"/> </p> <p>Card Number  <input type="text" value="4 2 6 6 0 1 9 3 8 1 0 4 1"/></p> <p>Card Security Code (CSC)  <small>*It is NOT the last 4 digits of the credit card number.</small>  <input type="text" value="1 2 3"/> </p> <p>Expiration Date  <input type="text" value="02"/> <input type="text" value="2020"/></p> <p>Name As It Appears On Card  <input type="text" value="JANE DOE"/></p>	<p>Billing Address</p> <p>Street Address  <input type="text" value="123 Peachtree Street"/></p> <p>City State  <input type="text" value="Atlanta"/> <input type="text" value="Georgia"/></p> <p>Zip Code  <input type="text" value="3 0 1 1 5"/></p> <p>Daytime Phone Number  <input type="text" value="( 4 0 4 ) 1 2 3 - 6 7 8 9"/> Ext. <input type="text"/></p> <p>Email Address  <input type="text"/></p>
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**NOTE:** Please do not click the back button of the browser and click only once on the "Pay" button. If you cannot see the receipt page after 20 seconds, please go to the cogentid.com home page, find the program you are register for, and click "Print Receipt" link to check whether your payment is successful.

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 4 - Registration Complete

Thank you for Registering  
Receipt

Registration ID:	GBW17C5A21164554
ORI:	-
Last Name:	GEMALTO
First Name:	TEST
Transaction Type:	DCH-Narcotic Treatment Program
Payment Type:	Credit Card
Transaction Fee:	48.25
Payment Confirmation #:	3716520778
Message:	

*This registration will expire after 90 days from the registration date.  
It will be cancelled and any payment refunded at this time if the applicant has not been fingerprinted.  
Please print information and take it to the fingerprinting site.*

Print Receipt

Close

Applicant should bring a copy of this receipt to the fingerprint location site to verify payment was made.



## 15) Out-of-State Applicants Submitting Fingerprint Cards

The page at https://ga-aps.3m.com says:

Do you confirm you would like to submit ink cards in lieu of electronic fingerprint and agree to the additional processing fee of \$8?

OK Cancel

**Transaction Information**

Reviewing Agency ID:	GA922960Z	Reason:	DCH - Personal Care Home (C
Requesting Agency ID:	GA922960Z	Position Applied for:	DIRECTOR OF HOUSEKEEPING
Payment:	Credit Card	Fingerprint Card User:	<input checked="" type="checkbox"/> By Checking this box, you are agreeing to submit ink cards to 3M Cogent. See <a href="#">here</a> for details.

No unemployment cards, child support cards or gift cards are accepted.

**Personal Information**

Last Name:	SMITH	First Name:	JOHN
Middle Name:		Suffix:	SELECT
Social Security #:	234553434	Re-enter SSN:	234553434
Date of Birth:	01011974	Weight:	150
Sex:	Male	Race:	Black
Eye Color:	Brown	Hair Color:	Black
Height:	6'03	Place of Birth:	FLORIDA
Country of Citizenship:	UNITED STATES	State Driver's License:	GEORGIA
Driver's License #:	123456789		

**Address Information**

Address:	123 ELM STREET	Address 2:	
City:	ANYTOWN	APT:	

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

Overview	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 3M Cogent.
Process	<p>Applicants who are submitting ink cards for a required Georgia background check should follow the steps below:</p> <p><b>Register</b> – 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</p> <p><b>Payment</b> – Payment may be made online or a money order can be sent with your fingerprint card:</p> <p><i>Option 1: Online Payment</i> – Applicants may pay online at the time of registration using a credit/debit card, or the transaction may be billed to your employer using “agency pay.”</p> <p><i>Option 2: Send payment with Fingerprint Card</i> – Money order only. Cash and personal checks are not accepted.</p> <p><b>Registration ID</b> - All applicants will receive a Registration ID. Write this number on the back of your fingerprint cards.</p> <p><b>Submission</b> – Mail the cards (and if applicable, payment) to: 3M Cogent, Georgia Card Scan 639 N Rosemead Blvd Pasadena, CA 91107</p> <p><b>Results</b> – Background check results will be sent directly to your employer. 3M Cogent does not have access to background check results or make employment determinations. Please check with your employer regarding questions about your background check results.</p>

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