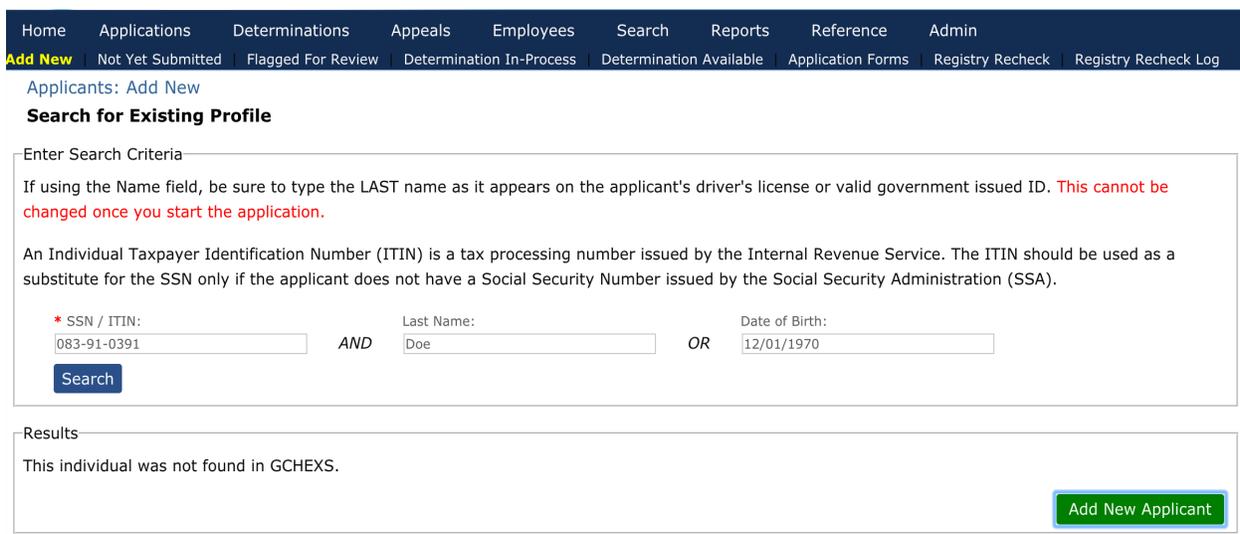


# FACT SHEET

These screenshots are for training purposes only

## Licensed Facility Screenshots – GCHEXS + Gemalto

### Create Application:



The screenshot shows a web application interface with a dark blue navigation bar at the top containing the following menu items: Home, Applications, Determinations, Appeals, Employees, Search, Reports, Reference, and Admin. Below the navigation bar is a secondary menu with the following items: Add New, Not Yet Submitted, Flagged For Review, Determination In-Process, Determination Available, Application Forms, Registry Recheck, and Registry Recheck Log. The main content area is titled "Applicants: Add New" and "Search for Existing Profile". It includes a section for "Enter Search Criteria" with instructions: "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." Below this is a note: "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)." The search form contains three input fields: "\* SSN / ITIN:" with the value "083-91-0391", "Last Name:" with the value "Doe", and "Date of Birth:" with the value "12/01/1970". The fields are separated by "AND" and "OR" labels. A "Search" button is located below the input fields. The "Results" section displays the message "This individual was not found in GCHEXS." and a green "Add New Applicant" button is positioned in the bottom right corner of the results area.

# FACT SHEET

Enter Person Profile:

Applicant: Profile

## Personal and Demographic Information

\* Required

\* First Name:

Jane

Middle Name:

Last Name:

Doe

Suffix:

### Permanent/Physical Address

\* Address Line 1:

123 Peachtree

Address Line 2:

\* City:

Atlanta

\* State:

Georgia

\* Zip Code:

30115

County:

### Mailing Address

Same as Permanent Address

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:

404-123-6789

\* Phone Type:

Home

Secondary Phone:

Secondary Phone Type:

\* Email:

JDoe@TestData.Com

### 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

# FACT SHEET

## Enter Employee Position Information

Home	Applications	Determinations	Appeals	Employees	Search	Reports	Reference	Admin
<b>Add New</b>	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:

\* Position Category:

\* Position:

\* Employee Type:

## Verify Employee's Identity

Home	Applications	Determinations	Appeals	Employees	Search	Reports	Reference	Admin
<b>Add New</b>	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:

\* Document Number:

Expiration Date:

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

# FACT SHEET

## Reason for Fingerprinting (Very Important that Correct Reason be Chosen)

Home	Applications	Determinations	Appeals	Employees	Search	Reports	Reference	Admin
<b>Add New</b>	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:

Withdraw Save and Close Back Next

## Applicant Consent

Home	Applications	Determinations	Appeals	Employees	Search	Reports	Reference	Admin
<b>Add New</b>	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

# FACT SHEET

## 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 #: 66783*  
No recorded aliases.

Registry Name	Research Requirements	Research Results	Research Completed	Comments
<a href="#">GA Professional Licenses</a>	Manual Search Required	Cleared	01/25/2017	<input type="text"/> <a href="#">View (0)</a> <a href="#">Add</a>
<a href="#">GA Sex Offender Registry</a> Registry Checked On 01/25/2017	Automatch performed, no matches found	Cleared	01/25/2017	<input type="text"/> <a href="#">View (0)</a> <a href="#">Add</a>
Multi-State Nurse Aide Registry	Automatch performed, no matches found	Cleared	01/25/2017	<input type="text"/> <a href="#">View (1)</a> <a href="#">Add</a>
<a href="#">OIG List of Excluded Individuals/Entities</a> Registry Checked On 01/25/2017	Automatch performed, no matches found	Cleared	01/25/2017	<input type="text"/> <a href="#">View (0)</a> <a href="#">Add</a>
<a href="#">National Sex Offender Public Website</a>	Manual Search Required	Cleared	01/25/2017	<input type="text"/> <a href="#">View (0)</a> <a href="#">Add</a>

Research Registries Not Listed

[Withdraw](#) | [Save and Close](#)
[Back](#) [Next](#)

# FACT SHEET

## Verify Data and Submit

Applicant: Data Review

DATA REVIEW TEST TEXT

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
	Eye Color: Blue
	Hair Color: Black
	Height: 5'2"
	Weight: 101
	Primary Phone: 404-123-6789
	Secondary Phone:
	Email Address: JDoe@TestData.Com

**Permanent Address**

Address Line 1: 123 Peachtree
Address Line 2:
City: Atlanta
State: GA
ZIP: 30115
County:

**Mailing Address**

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](#)

# FACT SHEET

## Confirmation and Gemalto Link to Register 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 .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 Cogent for Fingerprinting](#)

Application Forms

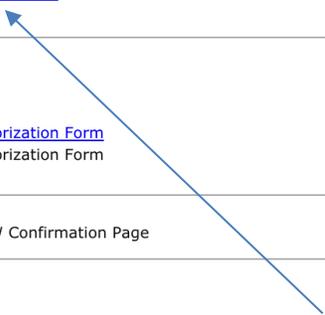
- [Final Registry Results](#)  
Final Registry Results
- [Criminal Records Check Authorization Form](#)  
Criminal Records Check Authorization Form

Uploaded Documents

Testing document upload text.

[Upload Document](#)

Where does this show up? NAW Confirmation Page



# FACT SHEET

Gemalto – Applicant Demographic Information from GCHEXS Automatically Transfers



## 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 3M 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: \*

Last Name: \*

DOB (yyyymmdd): \*

# FACT SHEET



## 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="4266019381041"/></p> <p>Card Security Code (CSC)  <small>*It is NOT the last 4 digits of the credit card number.</small>  <input type="text" value="123"/> </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="30115"/></p> <p>Daytime Phone Number  <input type="text" value="(404) 123 - 6789"/> Ext. <input type="text"/></p> <p>Email Address  <input type="text"/></p>
--	--

**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.

# FACT SHEET



3M

Applicant Fingerprinting Online Services



## 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
Message:	<b>NOTE:</b> 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

# FACT SHEET



Applicant Fingerprinting Online Services



Select Language ▼

## Applicant Registration -- Pay for Fingerprint

### Transaction Information

Determination ID:	1033811	ORI:	31-7-254
Transaction Type:	DCH - Personal Care Home (Director/Administrator/Manager)		
Reason:	CMS NBCP 6201	Fingerprint Deadline:	
Payment:	Credit Card	Fingerprint Card User:	<input 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:	DOE	First Name:	JANE
Middle Name:		Suffix:	
Date of Birth:	12011970	Place of Birth:	AL
Sex:	F	Race:	A
Eye Color:	BLU	Hair Color:	BLK
Height:	101	Weight:	502
Country of Citizenship:	XX	Social Security #:	

### Address Information

Address:	123 PEACHTREE	Address 2:	
City:	ATLANTA	County:	
State:	GA	Zip:	30115

Go Back

Continue

**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.

# FACT SHEET