<u>Fingerprint Background Instructions for GA Residents (or those who live near GA)</u>

All applicants MUST use the Georgia Applicant Processing Service (GAPS) for the submission of your fingerprint-based criminal history records check. The department does not accept criminal history reports from the applicant or other sources. Fingerprint results are only good for 30 days from the date your fingerprints were completed. Please carefully read this entire document so that your licensing application is not delayed.

Step 1: Go to the Georgia Applicant Processing Service (GAPS) website for registration at https://www.aps.gemalto.com/ga/index.htm

Step 2: On the GAPS Welcome page, select Applicant Registration as indicated below.

Step 3: On the next page, select **Department of Public Health (DPH)** as indicated below.

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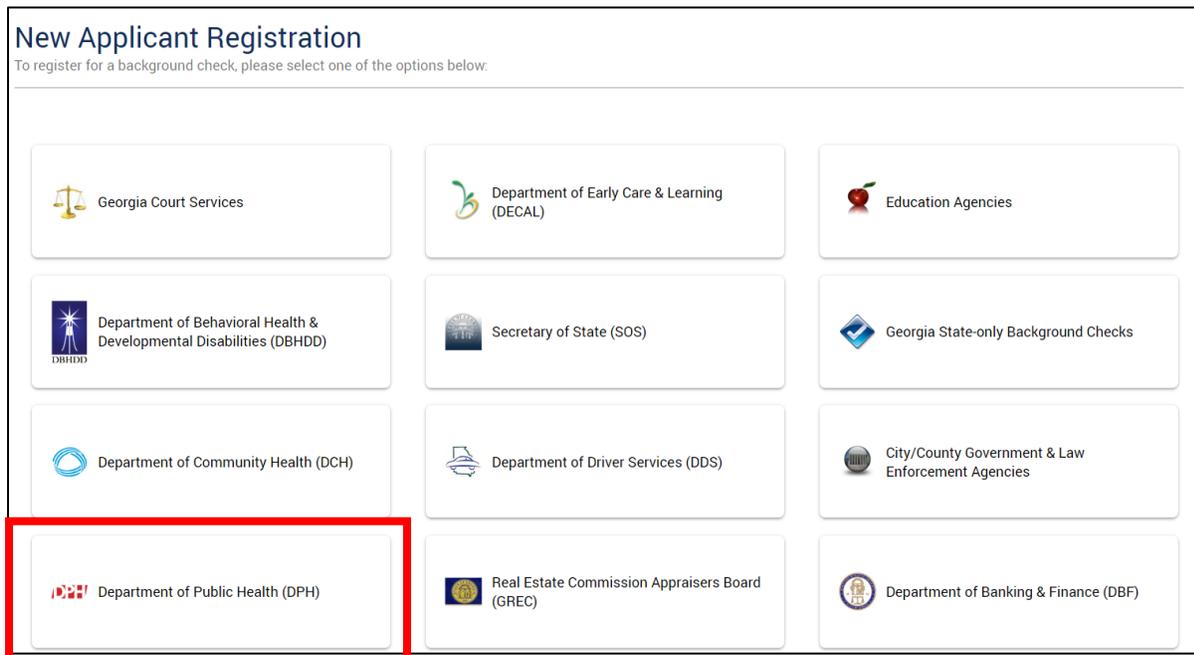
Step 4: On the Department of Public Health page, select **Emergency Medical Services** as indicated below.

DPH Department of Public Health

To register for a background check, please select one of the options below:

EMERGENCY MEDICAL SERVICES	HEALTH DISTRICTS
OIG	

Step 5: On the Non-Criminal Justice Applicant's Privacy Rights page, read the terms and check the box verifying that you accept the terms then click Continue

Non-Criminal Justice Applicant's Privacy Rights

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

• You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.

• If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.

• 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.

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

☐ I have read and accepted these terms.

Print / *Download*

CANCEL	CONTINUE

It is recommended that you print or download a copy of your Applicant Privacy Rights/Privacy Act Statement for your records before continuing the registration process.

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Step 6: Enter all required information on the **Applicant Registration** page and click **Continue – ensure that ALL fields are correct (especially email)**

Step 1 - Please Enter Your Information

Required fields *

Transaction Information

Reviewing Agency ID *
GA922993Z

Reason for Fingerprinting *
Select

Requesting Agency ID   (If different from Reviewing Agency ID)

Position Applied for

Payment Type *
Credit Card

☐ Fingerprint Card User
By checking this box you are agreeing to submit ink cards to Gemalto Cogent.
Click here for details.

Personal Information

Last Name *

First Name *

Middle Name   Optional

Suffix
Select

Maiden Name   Optional

Social Security Number   No dashes

Re-enter Social Security Number   No dashes

Date of Birth *   MMDDYYYY

Weight *

Sex *
Select

Race *
Select

Eye Color *
Select

Hair Color *
Select

Height *
Select

Place of Birth *
Select

Country of Citizenship
Select

Driver License State
Select

Driver License Number   Don

Home Address

Address *

City *

Apt   Optional

State *
Select

Zip Code *

Phone *

Email *

Mailing Address

☐ Use same address as above

Address *

City *

Apt

State *
Select

Zip Code *

Please note that fingerprinting hours may be different than open store hours. Be sure to confirm the location is fingerprinting before arriving.

RESET FORM   CONTINUE

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Step 7: Once all mandatory fields are complete, click "Continue" to verify all registration information. If all information is correct, click "**Submit**".

Step 2 - Please Verify Your Information

Transaction Information

Reviewing Agency ID GA922993Z	Reason for Fingerprinting Emergency Medical Services Personnel
Requesting Agency GA922993Z	Position Applied For
Payment Type Credit Card	Total Fee $49.25
Submitting Ink Cards No - You selected electronic fingerprinting	

Step 8: If credit card is selected for payment, you will be taken to the "Credit Card Payment" form. Complete all of the fields, and then click Pay.

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Applicant Fingerprinting Online Services

Step 3 - Credit Card Payment

Registration Information

Registration ID:	GA2061920226383	Name:	
Transaction Type:	**Emergency Medical Services Personnel**		
Transaction Fee:	$49.25		

* Fields with the yellow background color are required. ⓘ Important notice regarding failed payments and google toolbar

Credit Card Information

Credit Card Type
`Select Card Type ▼`

Card Number

Card Security Code (CSC)
It is NOT the last 4 digits of the credit card number.

Expiration Date
`Select Month ▼` `Select Year ▼`

Name As It Appears On Card

Billing Address

Street Address

City   State
`Select State ▼`

Zip Code

Daytime Phone Number
( ) - Ext.

Email Address

[Pay]

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.

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Step 9: You will now move to the registration receipt. **Print your receipt! You will need it when you get fingerprinted.**

Registration Receipt

Registration ID
GA204G607530201

Registration Date
APRIL 16, 2020

Requesting Agency
GA071187Z

Results will be sent to
GA071187Z - DOWARD COUNTY BOARD OF COMMISSIONERS

Last Name
MONTGOMERY

First Name
SHAUNTRICE

Reason for Fingerprinting
Alcohol/Liquor Licensee

Payment Type
Credit Card

Transaction Fee
$49.25

Credit Card Payment Confirmation Number
4006526366

Note: This barcode allows the fingerprint site to quickly retrieve your information. It is NOT a confirmation of payment.

You did not enter a Social Security number. Please print this receipt and bring it to the fingerprint site.
If unable to print, please copy down and bring the Registration ID.
This registration will expire after 90 days from the registration date. It will be cancelled and any payment will be refunded if the applicant has not been fingerprinted.

Next Step - Agency Approval
Your agency will approve your registration. Once approved, you will receive an email notifying when you can proceed to a fingerprint site.
If your registration got rejected, you will receive an email with instructions on what to do next.

A receipt email has been sent to

PRINT RECEIPT   EMAIL RECEIPT   CLOSE

- **NOTE:**
  - **You cannot proceed to fingerprinting until the Office of EMS and Trauma has approved your registration.**
  - **The Office of EMS and Trauma will not approve your registration until you have submitted AND paid for your EMS license application fee on the Georgia OEMS License Management System (www.mygemsis.org/lms)**
  - **An email notification will be sent once the Office of EMS and Trauma approval is complete.**

Step 10: Check your Email often. The approval from GAPS will come to you by email.

Step 11: Once the approval email notification is sent, you can visit any GAPS print site location. Print site locations can be found on the homepage:
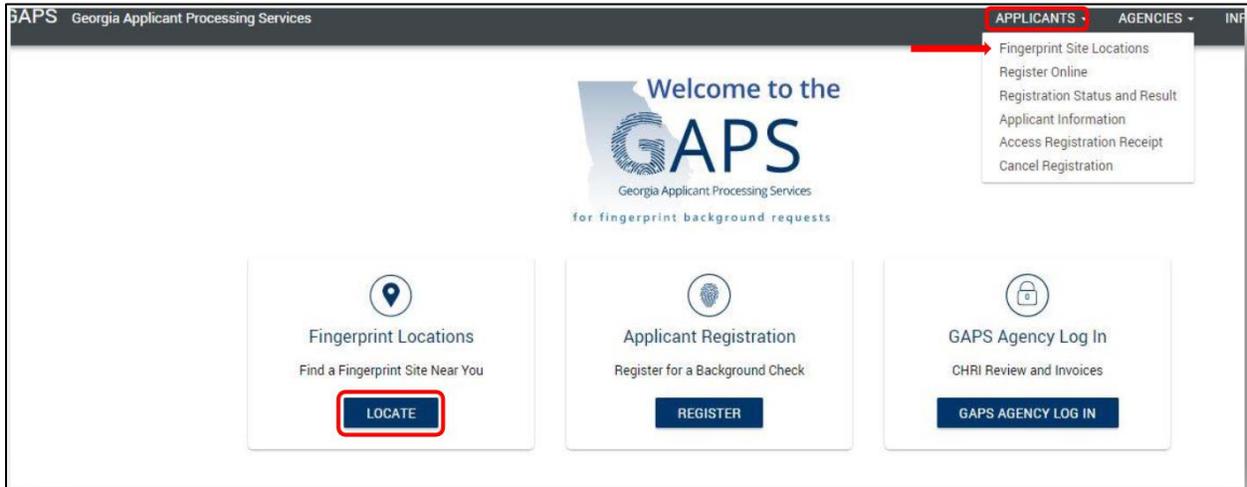
Select any region on the map to display the companies offering fingerprint services. Click on a preferred company to display all site information:
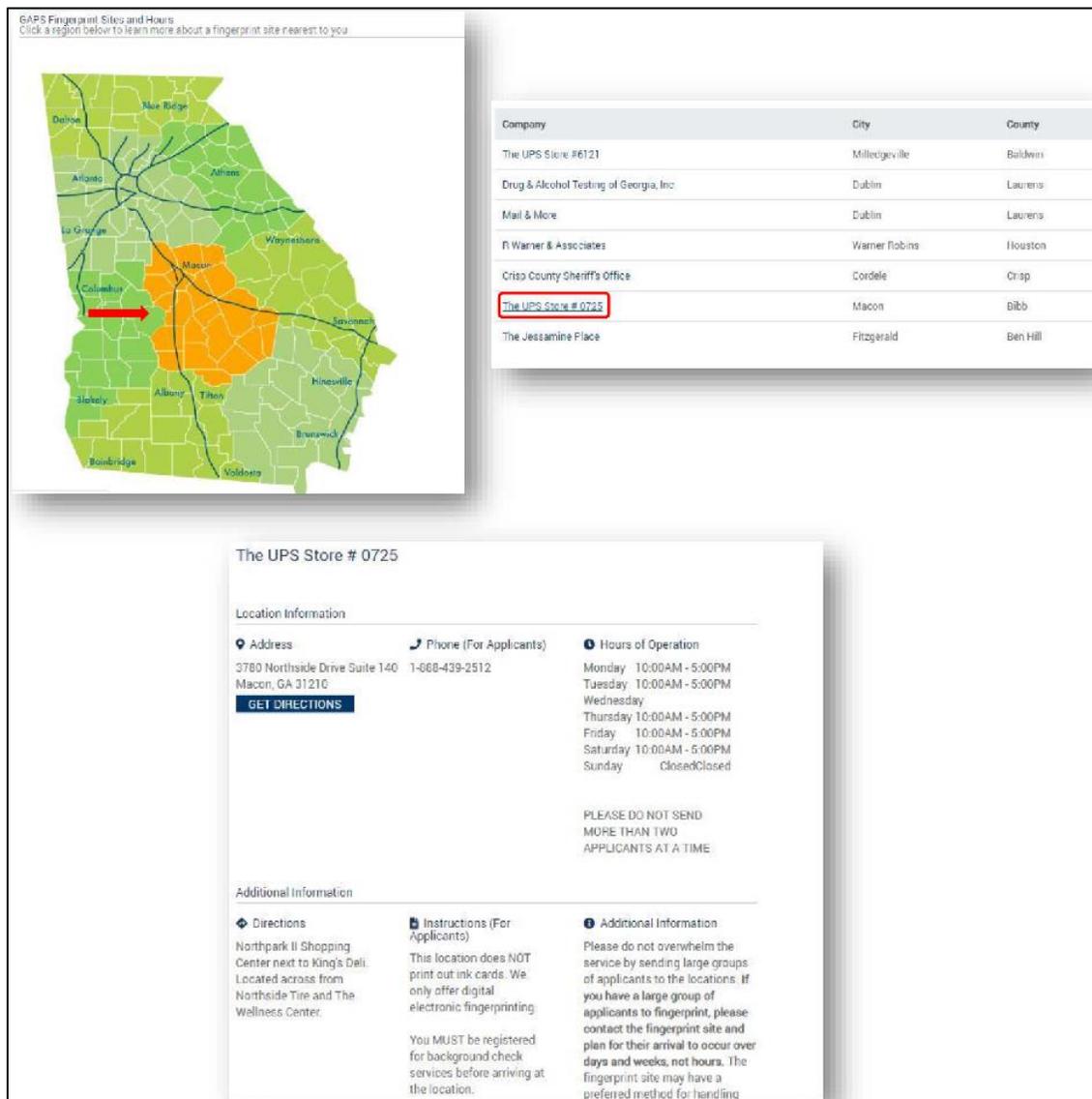
Step 12: After selecting a print site, visit the site for fingerprinting. Make sure that you bring your **registration ID number** (found on your registration receipt) and photo identification with you. While at the print site, you will be asked to confirm your email address and opt into the option to have a copy of your record sent to you.

For any questions regarding website issues, registration, criminal history records, etc., please refer to the "Contact" section under the "Information" tab for the appropriate point of contact:

Step 13: Once your fingerprints have been processed and your background check received, the Georgia Office of EMS and Trauma will receive the results electronically, usually within a few days.

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