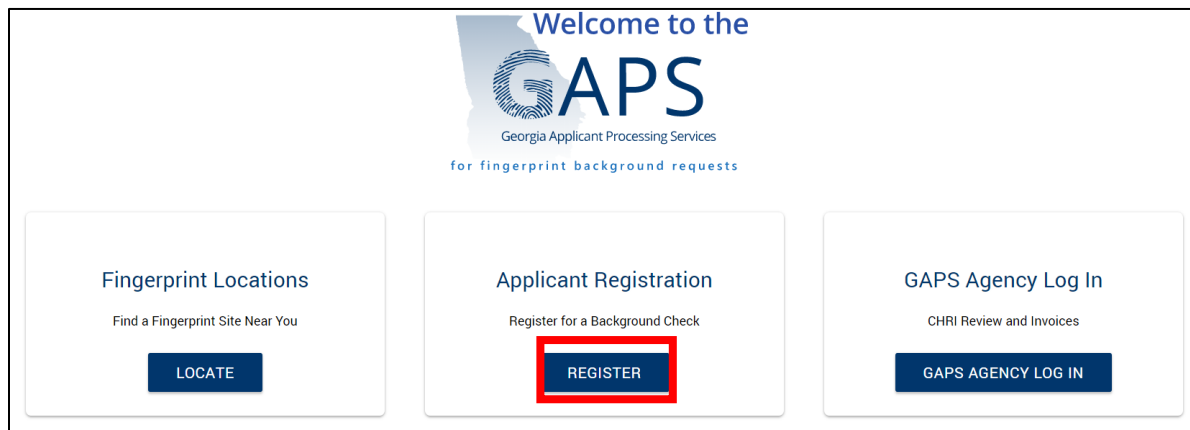


## **Fingerprint Background Instructions for Out of State Applicants**

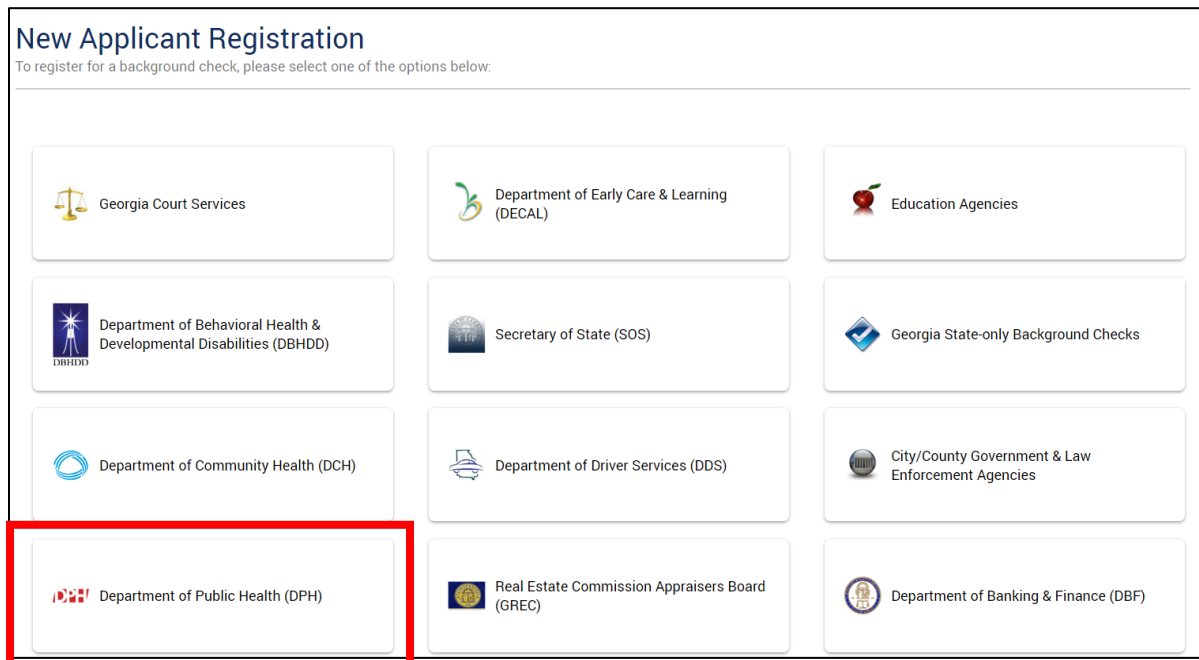
**All applicants MUST use the Georgia Applicant Processing Service (GAPS) for the submission of your fingerprint-based criminal history records check. The department does not accept criminal history reports from the applicant or other sources. Applicant Registrations on the GAPS site are only good for 90 days. 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.



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

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

**Step 6:** Enter all required information on the **Applicant Registration** page and click **Continue** – ensure that **ALL** fields are correct (especially email). Be sure to select **Fingerprint Card User**

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 <input checked="" type="checkbox"/> Fingerprint Card User <small>By checking this box you are agreeing to submit ink cards to Gemalto Cogent. Click <a href="#">here</a> for details.</small>
Payment Type * Credit Card	

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.

**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

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#### 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 \$57.25

Submitting Ink Cards  
Yes - You selected to submit ink cards by mail

**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.


Applicant Fingerprinting Online Services


### Step 3 - Credit Card Payment

**Registration Information**

Registration ID:	<b>GA2061920226383</b>	Name:	<b>[REDACTED]</b>
Transaction Type:	<b>Emergency Medical Services Personnel</b>		
Transaction Fee:	<b>\$57.25</b>		

*\* 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  
[REDACTED]

Card Security Code (CSC)  
\*It is NOT the last 4 digits of the credit card number.  
[REDACTED]

Expiration Date  
Select Month Select Year

Name As It Appears On Card  
[REDACTED]

**Billing Address**

Street Address  
[REDACTED]

City State  
[REDACTED] Select State


Zip Code  
[REDACTED]

Daytime Phone Number  
 ( [REDACTED] ) [REDACTED] - [REDACTED] Ext.

Email Address

**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.

**Step 9:** You will now move to the registration receipt. **Print your receipt! You will need it when you fill out the fingerprint cards.**

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	
	
<p><b>Note:</b> This barcode allows the fingerprint site to quickly retrieve your information. It is NOT a confirmation of payment.</p> <p>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.</p>	
<p><b>Next Step - Agency Approval</b> 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.</p> <p>A receipt email has been sent to</p>	
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](http://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 will need to get fingerprinted. A local law enforcement agency or private fingerprinting company may provide fingerprint cards, **but the applicant must ensure they are blue FBI fingerprint cards (FD-258)**. Individuals must request three fingerprint cards. Do not download fingerprint cards from the FBI web site, even if the FBI suggests you do so. Only card stock FD-258 fingerprint cards will be accepted. If your local law enforcement is unable to provide you with FD-258 cards please contact [dph-phemsinfo@dph.ga.gov](mailto:dph-phemsinfo@dph.ga.gov). Please do not attempt to obtain the cards from the FBI.

When the applicant receives three (3) FBI cards, the applicant must legibly complete the identification section on each card. Below are the information blocks that must be completed in their entirety on all cards. Illegible and incomplete cards will not be processed and the applicant will be notified by the Georgia Office of EMS to complete and submit new fingerprint cards. A local law enforcement agency or a private company that is trained and authorized must roll your fingerprints. NOTE: It is suggested that you have three (3) fingerprint cards printed, and submit TWO (2) to Cogent Systems. You may have one of your TWO cards rejected and be required to submit your other fingerprint cards at a later date.

APPLICANT		TYPE OR PRINT ALL INFORMATION IN BLACK	
LEAVE BLANK		LAST NAME <i>NAM</i>	FIRST NAME <i>JOHN</i> MIDDLE NAME <i>N</i>
SIGNATURE OF PERSON FINGERPRINTED 2. <i>Jane John Doe</i>		ALIASES AKA 12. GA922993Z GA OFC EMS/TRAUMA ATLANTA, GA	
RESIDENCE OF PERSON FINGERPRINTED 3. 123 Any Street Macon, GA 31217		DATE OF BIRTH <i>DOB</i> 10. 3/15/1965	
STATE <i>GA</i> SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 4. 5/28/09 5. <i>John Jones, Officer 5555</i>		CITIZENSHIP <i>CIT</i> USA 9. MF U 10. 5'06" 130 Bro Gry 11. GEORGIA	
EMPLOYER AND ADDRESS 6. Georgia Office of EMS and Trauma Licensed EMS Provider		YOUR NO. <i>OCA</i> FBI NO. <i>FBI</i> ARMED FORCES NO. <i>MNU</i> SOCIAL SECURITY NO. <i>SOC</i> 8. 555-55-5555 MISCELLANEOUS NO. <i>MNU</i>	

**W** – White, Hispanic/Latino(a)  
**B** – Black  
**A** – Asian/Pacific Islander  
**I** – American Indian/Alaskan Native  
**U** – Unknown

**Bl** – Black  
**Bro** – Brown  
**Blu** – Blonde  
**Red** – Red/Auburn  
**Gry** – Gray  
**Blu** – Blue  
**Grn** – Green

You must fill out all of the fingerprint cards with the following information (see example above):

1. Printed Name - Last, First & Middle Names
2. Signature of Person Fingerprinted
3. Residence of Person Fingerprinted - Complete Address
4. Date Fingerprinted
5. Signature of Official Taking Fingerprints (they will sign when you get fingerprinted)
6. Reason Fingerprinted

**Georgia Office of EMS and Trauma  
Licensed EMS Provider**

7. Citizenship (Country)
8. Social Security Number if Applicable
9. Sex, Race, Height, Weight, Eyes & Hair
10. Date of Birth
11. Place of Birth
12. ORI:

**GA922993Z  
GA OFC EMS/TRAUMA  
ATLANTA, GA**

13. On the **BACK** of the card, **CLEARLY** write your Registration Identification Number (**REGISTRATION ID**) found on your receipt.

**Step 12:** Take the fingerprint ink cards to a law enforcement agency or private fingerprinting company that offers fingerprinting services and get fingerprinted. Retain your cards.

**Step 13:** After your application for licensure has been received and processed by OEMS, you will receive an email from GAPS directing you to mail your fingerprint cards. Please follow the emailed instructions and mail TWO of your fingerprint cards to:

**Gemalto Cogent, Georgia Card Scan  
APS Department #165  
2964 Bradley Street  
Pasadena, CA 91107**

**Step 14:** Once your fingerprints have been processed and received, the Georgia Office of EMS and Trauma will receive the results electronically, usually within 1 to 2 weeks.