

Fingerprinting Process Using COGENT/GAPS

You must have an email account to complete this process. You may obtain free email accounts at many web sites. Two possible sites are www.yahoo.com and www.hotmail.com.

1. Agreement

- Go to www.ga.cogentid.com
Under the “**Agency Use (secure)**” tab
- Click on “Agency Enrollment”
At step (1) click on form to be downloaded and print “Georgia Crime Information Center Service Agreement” (3 pages)
- Complete last page
Use name of Personal Care Home (PCH) as the Agency Name
Use address of the PCH as the Agency Address
Use mailing address line if different from the address of the PCH
Use most accessible phone number for Agency Phone Number
Circle OAC and leave line blank
Write “Yes” in the blank after “Will OAC # be used for enrollment in Georgia Applicant Processing Services (GAPS)?
Agency Head- Completed by Owner/CEO/President of Personal Care Home
Agency Contact- Completed by name of person that should be contacted regarding fingerprinting process
GCIC Contact- Leave blank
- Copy for your records and mail form to the address at the bottom of the page. In 7-10 days, you will receive the form back, completed by the GBI with your **OAC** number on the “Agency ORI or OAC#” line.

2. Enrollment

Only after receiving you OAC# by return mail should you begin this step

- Go to www.ga.cogentid.com
Under the “**Agency Use (secure)**” tab
- Click on “Agency Enrollment”
At Step (2) begin the enrollment process by clicking on the enrollment form
All yellow areas MUST be completed
ORI/OAC – enter OAC number received on agreement letter
(It will be GAP+6 numbers)
Agency Name – Verify the name of the PCH is correct
Verification Code – Use OAC number without the GA (P+6 digits)
Address – Address where the results should be mailed
Contact Person – Must be the same as on the Agreement form in step 1
Email Address – Email address must be entered

Billing Address – Complete if different from mailing address or click on box indicating billing address and mailing address are the same

Authorized Person – Must be the same name as on the Agreement form as the Agency Head in Step 1

Click on “Agency Pay Only”

- When form is completed – Click on “Save”
- Print the form
- Form must be signed by the Agency Head or Authorized Person

DO NOT FAX

- Mail to address shown on web site:
Cogent Systems
GAPS Enrollment
5450 Frantz Road, Suite 250
Dublin, OH 43016
- You will receive an e-mail confirmation of your enrollment within 10 business days that will include any necessary Usernames and Passwords. If you do not receive an e-mail confirmation within 10 business days, call Donna Harrison – 404-270-8650 or Evelyn Richardson – 404-270-8648.

3. Registration for Fingerprinting

This step may be completed **ONLY** after Step 1 and Step 2 are completed and you have received an e-mail confirmation with Username and Password

- Go to www.ga.cogentid.com
- Under the “**Registration**” tab, click on Single Applicant Registration or Multiple Applicant Registration depending on whether there is only one person to be fingerprinted (single) or more than one (multiple).
- For each applicant or person to be fingerprinted, all fields with a red (*) *must* be completed: Last Name, First Name, Date of Birth, Place of Birth, Sex, Race, Eye Color, Hair Color, Height, Weight
- Social Security Number – Although this is not required, it is strongly recommended that this field be completed to ensure an accurate search can be made, if needed
- Country of Citizenship
- Driver’s License Number – Enter **ONLY** numbers
- Driver’s License State – Enter correct state
- Address – Applicant’s address, city, state, zip, phone

Transaction Information

- Reason - Click on the arrow on the right side of the box and click on “DHR-Office of Regulatory Serv (ORS) Licensed Facilities/Directors/Employees”
- Payment
Choose “Agency” if there are multiple applicants. The agency (PCH or PCH provider) will be billed for the service in the amount of \$32.15 per individual

- Credit Card if paying at this time. You will be given an opportunity to enter your credit card information
- Money Order – This will only be an option on the single applicant entry. All money orders should be made out to **Cogent Systems/GAPS** and in the amount of \$32.15.

- ORI/OAC – Use number received on Agreement Form
- Verification Code – code given in your email confirmation
- You must check box by “Does another agency make the fitness determination?”
 - Choose Agency –DHR
 - Determining Agency ORI – GA920280Z
- Click on “Next”
- Verify the information is correct
- Click on “Next”
- Print the “Thank you for registering” page with the Registration ID number. A copy of this form should be submitted with your Personal Care Home application package
- A notarized records check application should be mailed to:
 - DHR Office of Investigative Services
 - Attn: Background Investigations Unit
 - Two Peachtree Street, NW, Suite 30.482
 - Atlanta, GA 30303-3142

You will not receive a determination letter unless OIS receives this form.

4. Fingerprinting at GAPS sites

- Go to www.ga.cogentid.com
Under “**GAPS Print Site Location**” tab, find a location nearest to your address
You should find a location within 25 miles of your location – if not, contact Donna Harrison -404-270-8650 or Evelyn Richardson – 404-270-8648.
- Click on underlined company name to get phone number and hours of operation
- On the day of your fingerprinting, contact the site you plan to visit and confirm the hours they do fingerprinting and that a trained individual is going to be available
- Bring with you the items listed under the “What to Bring” link