Georgia Department of DBHDD Behavioral Health and Developmental Disabilities

## **CheckPT Provider User Guide**

January 21, 2025

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## Overview

This user guide is a comprehensive guide for providers about how to use <u>CheckPT</u>, DBHDD's new and improved background check application. It details the steps from applicant registration through hiring/separating an applicant/employee.

This user guide describes:

- How to **approve** applications,
- How to track applications throughout the background check process,
- How to **view** an applicant's eligibility determination,
- How to **hire** someone by adding them to your roster
- How to **separate** someone no longer working for you, and
- How to manage your roster with active employees.

## Applicant Background Check Instruction Form

Applicants are required to enter an application through CheckPT. Please reference the Applicant User Guide which provides the steps for an applicant to create a CheckPT user account and submit an application with your unique provider code.

To begin the application process, you must give the applicant a copy of the **Applicant Instruction Form**.



**Note:** To begin an application, the applicant must enter your unique provider code. You have two unique codes, one for **applicant pay** and one for **provider pay** (linked to your Idemia Account UUID). These same codes will be used for all locations operating under your legal name and will appear on the form. Please be sure applicants are aware of your agency's legal name.

The code applicants need for registration is available on the **Applicant Instruction Form**. This form also provides detailed instructions for applicants to enter their application in CheckPT. To access the form, go to the **Applications** menu on the navigation bar and select "**Application Forms**".

| Home | Applications      | Employees | Search | Reports | Admin |
|------|-------------------|-----------|--------|---------|-------|
|      | Not Yet Submitted | 1         |        |         |       |
|      | Determination In- | Process   |        |         |       |
| .    | Determination Ava | ailable   |        |         |       |
|      | Application Forms |           |        |         |       |
|      |                   |           |        |         |       |

Select your provider name and select "Generate Form".

| Home              | Applications      | Employees          | Search     | Reports          | Admin            |    |
|-------------------|-------------------|--------------------|------------|------------------|------------------|----|
| lot Yet Sul       | omitted   Determi | ination In-Process | Determinat | tion Available   | Application Form | ns |
| Application Forms |                   |                    |            |                  |                  |    |
|                   |                   |                    |            |                  |                  |    |
| -Provider         |                   |                    |            |                  |                  |    |
|                   |                   |                    | Pro        | oviders Selectio | n                |    |

A popup will appear for you to select who will be responsible for payment for fingerprints. Select **applicant** (they pay) or the **provider** (the provider pays).

| Generate Form Report Parameters   |  |  |  |  |
|---|--|--|--|--|
| This report has custom parameters. Please fill in the information and click 'Display Report'. |  |  |  |  |
| * Required  |  |  |  |  |
| Payment By: Applicant Provider  |  |  |  |  |



**Note:** If you did not set up billing in Idemia's system and link it to your account in CheckPT, the Provider dropdown will not show as an option and the applicant must pay. If this is in error, please follow the steps outlined in the Idemia user guide titled UEP-AMP\_Payment Account Setup\_DBHDD.

Once either Applicant or Provider is selected, Display Report will appear. Select "**Display Report**", and the Applicant Instructions will open as a pdf document in a new window (make sure you allow pop-ups). You can download the instructions and email them to the applicant or print them out as a hard copy.

| Generate Form Report Parameters   |  |  |  |  |
|---|--|--|--|--|
| This report has custom parameters. Please fill in the information and click 'Display Report'. |  |  |  |  |
| * Required  |  |  |  |  |
| * Payment By: Provider  Cancel Display Report   |  |  |  |  |



**Note:** You can save a copy of each version (Provider Pay and Applicant Pay) to your desktop and print as many copies as you want. You do not need to do this step each time someone applies, so long as you give them a copy of the form with the applicable provider code.

# Application Approval (Reviewing and Approving Submitted Applications)

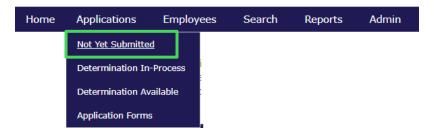
After the applicant has submitted an application in CheckPT, providers are responsible for reviewing and approving the application in CheckPT. This step replaces the need to submit a registration form to DBHDD for approval and will speed up the fingerprinting process.

The following steps show how to find an application in CheckPT and complete the steps required for approval.

## Finding and Approving an Application

Once an applicant has submitted an application in CheckPT, the application will be pending provider review and is considered "**Not Yet Submitted**". You will receive an automated email from CheckPT when a new application has been submitted.

To review and approve these applications, navigate to the **Applications** menu on the navigation bar and select "**Not Yet Submitted**".



All applications that have not been submitted yet will appear in the grid. Select "**Resume**" for the applicant you want to review. This will open the Applicant Profile Page.

| ocked | Application # -<br>Type | Facility Type | Facility           | Last Name | First Name | Date Saved | Actions            |
|-------|-------------------------|---------------|--------------------|-----------|------------|------------|--------------------|
|       | 53                      | вн            | Community Facility | Applicant | CheckPT    | 04/19/2024 | Resume<br>Withdraw |

## **Applicant Profile Information**

Review the applicant profile information and make sure it matches the applicant's identification. Errors will delay fingerprinting and may result in the applicant needing to start the process over.

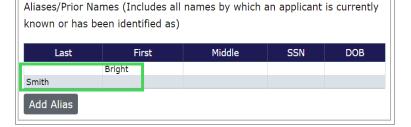
| Profile                                   |  |   |
|---|--|---|
| Compare information on this screen v      | with applicant's identification card.            |   |
| Personal and Demographic Informat         | tion   |   |
| * Required                                |  |   |
| * First Name:                             | SSN:   |   |
| Bright                                    |  | This is an ITIN: No   |
| Middle Name:                              | * Date of Birth:                                 |   |
|   |  |   |
| * Last Name:                              | * Race:  | -   |
| Angel                                     | White  |   |
| Suffix:                                   | * Gender:  |   |
| ~   | Female ¥   |   |
| Permanent/Physical Address                | * Eye Color:                                     |   |
|   | Green V  |   |
| * Address Line 1:<br>12345 South Street   | * Hair Color:                                    |   |
|   | Red V  |   |
| Address Line 2:                           | * Height:  |   |
|   | 5'6" V   |   |
| * City:                                   | * Weight:  |   |
| Paradise                                  | 150  |   |
| * State:                                  | * Country of Citizenship:                        |   |
| Georgia 🗸 🗸                               | Vnited States of America                         |   |
| * Zip Code:                               | * Place Of Birth:                                |   |
| 30222                                     | US: Virginia                                     |   |
|   | * Phone:   |   |
|   | <ul> <li>Phone:</li> <li>123-456-6785</li> </ul> |   |
| Mailing Address                           | * Email: 🚱                                       |   |
| Same as Permanent Address                 | ▲ Email: ♥<br>msangel@gmail.com                  |   |
|   | mşangel@gmail.com                                |   |
|   | * Preferred Communication                        |   |
|   | Method By Idemia to<br>Applicant:                |   |
|   | Email  |   |
|   |  |   |
| Prior Names and Aliases                   |  | Prior Addresses   |
| ★ □The individual reports that they I     | have not been known by any other names           | $st$ _The individual reports that they have not lived out of state during the specified time frame              |
|   |  |   |
| Aliases/Prior Names (Includes all names   | by which an applicant is surroutly know          | vn or has been Prior Addresses  |
| identified as)                            | by which all applicant is currently know         | In or has been Phot Addresses   |
| lacitatica asy                            |  | This individual does not have any prior addresses entered.  |
| This individual does not have any aliases | s entered.                                       |   |
|   |  | a la mine a |
| Add Alias                                 |  | Add Prior Address   |
|   |  |   |
|   |  | Next  |

**Note:** The applicant's **First Name, Last Name, Date of Birth and Social Security Number CANNOT** be changed once a new application is created. Please reach out to dbhdd.reg@dbhdd.ga.gov if you need assistance to change these fields. Do **NOT** enter a new application.

#### Under Prior Names and

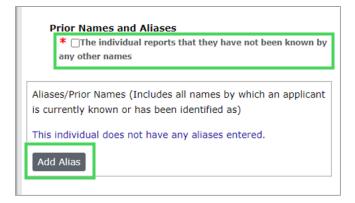
**Aliases**, review to see if any alternate identifying information is listed.

If alternate identifying information is listed in the table, review for accuracy.



If applicant has no alternate identifying information, check the box next to "**The individual reports that they have not been known by any other names**" to confirm no prior names or aliases have been reported.

Or if the applicant relays that alternate identifying information needs to be added, select "Add Alias".



If you select **Add Alias**, a popup will appear where you can enter any additional identifying information. Select "**Save**" after adding the alias information.

| Add Alias                          |  |  |  |  |
|------------------------------------|--|--|--|--|
| At least one field must be entered |  |  |  |  |
| First Name:                        |  |  |  |  |
| Middle Name:                       |  |  |  |  |
| Last Name:                         |  |  |  |  |
| SSN:                               |  |  |  |  |
| Date of Birth:                     |  |  |  |  |
| Save Cancel                        |  |  |  |  |

Added information will display under **Prior Names and Aliases**.

Aliases/Prior Names (Includes all names by which an applicant is currently known or has been identified as)

| Last      | First  | Middle | SSN | DOB |
|-----------|--------|--------|-----|-----|
|           | Bright |        |     |     |
| Smith     |        |        |     |     |
| Jones     |        |        |     |     |
| Add Alias |        |        |     |     |

If applicant has lived in another state in the last 5 years, they will enter that under **Prior Addresses.** 

If a prior address is listed in the table, review it for accuracy. You may add a prior address by selecting "**Add Prior Address**" when needed.

If no alternate prior addresses are listed, check the box next to "The individual reports that they have not lived out of state during the specified time frame" to confirm the applicant has no additional out of state addresses.

| Prior Addresses   |                                   |   |  |
|-------------------|-----------------------------------|---|--|
| Prior Addresses   |                                   |   |  |
| Years             |                                   | City  | State  |
| 018 -<br>020      | Lagrange Maine                    |   |  |
| Add Prior Address |                                   |   |  |
|                   | ior Addr<br>Years<br>018 -<br>020 | ior Addresses<br>Years<br><sup>D18 -</sup> Lagrange | ior Addresses<br>Years City<br><sup>D18 -</sup> Lagrange |

|      | Prior Addresses  *  The individual reports that they have not lived out of state during the specified time frame |  |  |
|------|--|--|--|
| Pric | or Addresses   |  |  |
| Thi  | This individual does not have any prior addresses entered.   |  |  |
| Ac   | dd Prior Address   |  |  |

Once you confirm all information is accurate, select "**Next**" at the bottom of the screen. You will navigate to the **Pre-Employment Information** page.

| Profile   |  |  |
|---|--|--|
| Compare information on this screen                        | with applicant's identification card.                |  |
| Personal and Demographic Informat                         | tion   |  |
| * Required  |  |  |
| * First Name:   | SSN:   |  |
| Bright  | 788-45-5877 This is an ITIN: No                      |  |
| Middle Name:  | * Date of Birth:                                     |  |
|   | 06/04/1995   |  |
| * Last Name:  | * Race:  |  |
| Angel   | White  |  |
| Suffix:   | * Gender:  |  |
| ~   | Female ¥   |  |
| Permanent/Physical Address                                | * Eye Color:   |  |
|   | Green  |  |
| * Address Line 1:<br>12345 South Street                   | * Hair Color:  |  |
| Address Line 2:   | Red  |  |
| Address Line 2:   | * Height:  |  |
|   | 5'6"   |  |
| * City:   | * Weight:  |  |
| Paradise  | 150  |  |
| * State:  | * Country of Citizenship:                            |  |
| Georgia 🗸 🗸   | United States of America                             |  |
| * Zip Code:   | * Place Of Birth:                                    |  |
| 30222   | US: Virginia   |  |
|   | * Phone:   |  |
|   | 123-456-6785   |  |
| Mailing Address   | * Email: 😧   |  |
| Same as Permanent Address                                 | Mangel@gmail.com                                     |  |
|   |  |  |
|   | * Preferred Communication                            |  |
|   | Method By Idemia to<br>Applicant:                    |  |
|   | Email  |  |
|   |  |  |
| Prior Names and Aliases                                   |  | Prior Addresses  |
| The individual reports that they                          | have not been known by any other names               | $st$ $\Box$ The individual reports that they have not lived out of state during the specified time frame |
|   |  |  |
|   |  |  |
| Allases/Prior Names (Includes all names<br>identified as) | by which an applicant is currently known or has been | Prior Addresses  |
| identified as)  |  | This individual does not have any prior addresses entered.   |
| This individual does not have any aliases                 | s entered.   |  |
|   |  |  |
| Add Alias   |  | Add Prior Address  |
|   |  |  |
|   |  | Next   |
|   |  |  |
|   |  |  |

CheckPT Provider User Guide Version 01 | January 21, 2025 On the **Pre-Employment Information** page, you will enter information about the position the applicant is applying for. The **Provider** field will already be identified from the code the applicant used when creating the application.

| Home     | Applications      | Employees          | Search          | Reports           | Admin   |
|----------|-------------------|--------------------|-----------------|-------------------|---|
| Pre-En   | nployment Infor   | mation             |                 |                   |   |
| Bright A | ngel, XXX-XX-58   | 77, 6/4/1995, A    | pplication #    | : 104305          |   |
| For Con  | munity Provide    | ers:               |                 |                   |   |
|          | Executive/Adu     | ninistrative/Mai   | nagerial inclu  | des Administra    | tive Assistants, Business Office Staff, Unit Managers, etc.                           |
|          | Provisional Lie   | ensed/Certified    | Clinical Staf   | f includes any    | icensed or certified staff, RN, LPN, Physician, Activity Therapy, Phlebotomists, etc. |
|          | Non-clinical D    | irect Care Staff i | ncludes all dir | ect care staff, o | roup home staff, HST, and FST.  |
| All em   | ployees associate | ed with a commu    | unity provide   | r will be cons    | idered a Paid Contractor.   |
| * Req    |                   |                    |                 |                   |   |
| Req      | uirea             |                    |                 |                   |   |
|          | * Provider:       |                    |                 | ~                 |   |
|          |                   | OMMUNITY SERV      | ICE BUARD       | Ŷ                 |   |
|          | * Position Categ  | ory:               |                 | ~                 |   |
|          | * Position:       |                    |                 |                   |   |
|          |                   |                    |                 | ~                 |   |
|          | Work Site:        |                    |                 |                   |   |
|          |                   |                    |                 |                   |   |
|          |                   |                    |                 |                   |   |
|          |                   |                    |                 |                   |   |
|          |                   |                    |                 |                   |   |
|          |                   |                    |                 |                   |   |
|          |                   |                    |                 |                   |   |
|          |                   |                    |                 |                   |   |
|          |                   |                    |                 |                   |   |
|          |                   |                    |                 |                   |   |
|          |                   |                    |                 | •                 |   |
|          | * Employee Type   | 2:                 |                 |                   |   |
|          |                   |                    |                 | ~                 |   |
|          |                   |                    |                 |                   |   |
|          | By checking this  | box I understand   | l that this app | licant's backg    | round check will be paid for using my provider's Idemia billing account. 🖬            |
|          |                   |                    |                 |                   |   |
| Save an  | d Close           |                    |                 |                   | Back Next   |
| Save an  | la ciose          |                    |                 |                   | back Next   |
|          |                   |                    |                 |                   |   |

*For Staffing Agencies only*: You will need to add the **Related Provider Code** (Code for Payment by Applicant/Provider) for the provider the applicant will be working for. The provider can give you their code. This code should not change. After entering the code, the provider name will display under the field - make sure the name displayed matches the one needed.

| <pre>PetEndpownet Information  PetEndpownet  PetEndpownet  PetEndpownet  PetEndpownet  PetEndpownet  PetEndpownet  PetEndpownet PetEndp</pre>   |   |  |           |  |  |  |  |  |  |
|--|---|--|-----------|--|--|--|--|--|--|
| For Community Providers:   Executive/Administrative/Managerial includes Administrative Assistants, Business Office Staff, Unit Managers, etc. Provisional Licensed/Ceriffed Clinical Staff Includes and Incert care staff, group home Staff, ISE, and FST. All employees associated with a community provider will be considered a Paid Contractor. Regulard Provider: Provider: Position: Posit   | Pre-Employment Information  |  |           |  |  |  |  |  |  |
| <pre>Excutive/Administrative/Administrative Administrative Adminis</pre>   | Bright Angel, XXX-XX-5877, 6/4/1995, Application #: 104307                          |  |           |  |  |  |  |  |  |
| Provident Leansed/Certified Clinical Staff includes any idenced or certified staff, NDI, UPI, Phydidan, Activity Therapy, Philebotomists, etc.<br>The clinical Direct Core Staff includes all direct care staff, group home staff, HST, and FST.<br>* Regured<br>* Provider<br>* Provider<br>* Provider<br>* Position:<br>* Position:<br>* Position:<br>* Position:<br>* regured<br>* provider Type:<br>* clinical provider Name: ALBARY AREA COMMUNITY SERVICE BOARD<br>* provider Type:<br>* clinical provider Staffing, Inc.<br>* provider Type:<br>* provider Type:<br>* provider Type:<br>* provider Type:<br>* provider Staffing, Inc.<br>* provider Staffing, Inc.<br>* provider Staffing, Inc.<br>* provider Type:<br>* provider Type:<br>* provider Type:<br>* provider Type:<br>* provider Staffing, Type:<br>* provider T | For Community Providers:  |  |           |  |  |  |  |  |  |
| <form></form>  | Provisional Licensed/Certified Clinical Staff includes any licensed or certified st | Provisional Licensed/Certified Clinical Staff includes any licensed or certified staff, RN, LPN, Physician, Activity Therapy, Philebotomists, etc. |           |  |  |  |  |  |  |
| <form></form>  | All employees associated with a community provider will be considered a Paid Contr  | actor.   |           |  |  |  |  |  |  |
| Image: Realthcare Staffing. Inc      Position Position: Vork Site: Image: Contract of the state of the   | * Required  |  |           |  |  |  |  |  |  |
| Position Category: Position: Position: Vork Site: Vork Site: Verk Site: Position: Positio  | * Provider:   | Related Provider Code:   |           |  |  |  |  |  |  |
| Position: Work Site: Image: State Sta  | Amergis Healthcare Staffing, Inc 🗸 🗸  | Z453CG Q   |           |  |  |  |  |  |  |
| * Position:<br>Work Site:<br>* Employee Type:<br>Sy checking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account:<br>■  | * Position Category:  | Related Provider Name: ALBANY AREA COMMUNITY SERVICE BOARD   |           |  |  |  |  |  |  |
| Work Site:     * Employee Type:   By checking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.  | ×   |  |           |  |  |  |  |  |  |
| Work Site:      Image: Control in the state of the stat  | * Position:   |  |           |  |  |  |  |  |  |
| Employee Type: By checking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.   | ×   |  |           |  |  |  |  |  |  |
| * Employee Type:   | Work Site:  |  |           |  |  |  |  |  |  |
| * Employee Type:   |   |  |           |  |  |  |  |  |  |
| <ul> <li>Employee Type:</li> <li>V</li> <li>By checking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.</li> </ul>   |   |  |           |  |  |  |  |  |  |
| <ul> <li>Employee Type:</li> <li>V</li> <li>By checking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.</li> </ul>   |   |  |           |  |  |  |  |  |  |
| <ul> <li>Employee Type:</li> <li>Synchecking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.</li> </ul>  |   |  |           |  |  |  |  |  |  |
| <ul> <li>Employee Type:</li> <li>Synchecking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.</li> </ul>  |   |  |           |  |  |  |  |  |  |
| <ul> <li>Employee Type:</li> <li>V</li> <li>By checking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.</li> </ul>   |   |  |           |  |  |  |  |  |  |
| <ul> <li>Employee Type:</li> <li>V</li> <li>By checking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.</li> </ul>   |   |  |           |  |  |  |  |  |  |
| <ul> <li>Employee Type:</li> <li>Synchecking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.</li> </ul>  |   |  |           |  |  |  |  |  |  |
| <ul> <li>Employee Type:</li> <li>V</li> <li>By checking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.</li> </ul>   |   |  |           |  |  |  |  |  |  |
| By checking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.  | ▼   |  |           |  |  |  |  |  |  |
| By checking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.  | * Employee Type:  |  |           |  |  |  |  |  |  |
| By checking this box I understand that this applicant's background check will be paid for using my provider's Idemia billing account.  |   |  |           |  |  |  |  |  |  |
| be paid for using my provider's Idemia billing account.  |   |  |           |  |  |  |  |  |  |
| be paid for using my provider's Idemia billing account.  | By checking this boy I understand that this applicant's background check will       |  |           |  |  |  |  |  |  |
|  |   |  |           |  |  |  |  |  |  |
| Save and Close   |   |  |           |  |  |  |  |  |  |
| Save and Close   |   |  |           |  |  |  |  |  |  |
| Save and Close Back Next   |   |  |           |  |  |  |  |  |  |
|  | Save and Close  |  | Back Next |  |  |  |  |  |  |

There are six **Position Categories** displayed in the table below. Examples of **Positions** in each category are also included in the table. Review the position examples to determine which position category to select in the next step. Positions will auto-populate based on the Position Category selected.

| Position Category                                 | Examples of Positions   |
|---|---|
| Executive/Administrative/Managerial               | Administrative Assistants, Business Office Staff, Unit Managers,<br>etc. as per DBHDD Policy 04-104                                     |
| Professional Licensed/Certified<br>Clinical Staff | Any licensed or certified staff such as RN, LPN, LPC, LMSW,<br>LCSW, CPS, BCBA, CAC, Physician, Activity Therapy,<br>Phlebotomist, etc. |
| Non-clinical Direct Care Staff                    | Direct care staff, group home staff, HST, and FST, etc.   |

| Food and Dietary Services                | Any food service or dietary staff that are not licensed that will have contact with individuals receiving DBHDD services |
|--|--|
| Housekeeping and Engineering<br>Services | Any housekeeping and maintenance staff that will have contact with individuals receiving DBHDD services                  |
| Any Other Direct Access Employee         | Driver, Transportation, or Security staff that will have contact with individuals receiving DBHDD services               |

## Select the appropriate **Position Category** from the dropdown list.

| * Provider:  |   |
|--|---|
| BEHAVIORAL HEALTH SERVICES OF SOUTH GEORGIA                        | ~ |
| * Position Category:   |   |
|  | ~ |
|  |   |
| Executive/Administrative/Managerial                                |   |
| Professional Licensed/Certified Clinical Staff                     |   |
| Non-clinical Direct Care Staff                                     |   |
| Food and Dietary Services<br>Housekeeping and Engineering Services |   |
| Any other direct access employee                                   |   |

The appropriate positions will auto-fill in the next field. Select the **Position** from the next dropdown list.

| * Re | quired                                      |        |
|------|---|--------|
|      | * Provider:                                 |        |
|      | BEHAVIORAL HEALTH SERVICES OF SOUTH GEORGIA | $\sim$ |
|      | * Position Category:                        |        |
|      | Food and Dietary Services                   | $\sim$ |
|      | * Position:                                 |        |
|      |   | $\sim$ |
|      | Cook  |        |
|      | Food Service Worker<br>Other                |        |



**Note**: If you are unable to find the specific position, you can select "**Other**" in any of the position dropdown lists. Additional **Position Description** information is required when **Other** is selected, and a free text box will appear for you to add the position description. Please be sure the position is not available in any other category prior to selecting **Other**.

**Work Site** is a field that should only be used by *Staffing Agencies* and *Fiscal Intermediaries*. This field will help with knowing the location or family an applicant is being hired with and for Roster Management.

- Staffing Agencies: You must enter the **Related Provider Code** (Code for Payment by Applicant/Provider) as instructed above **AND** add the provider name to this field to track which provider an applicant will be working with.
- Fiscal Intermediaries: Note which individual the applicant will be working for with the associated background check.

| ALBANY AREA COMMUNITY SERVICE BOARD | ~ |
|-------------------------------------|---|
| * Position Category:                |   |
| Non-clinical Direct Care Staff      | ~ |
| * Position:                         |   |
| Care Giver                          | ~ |
| Work Site:                          |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
| * Employee Type:                    |   |

#### Select the Employee Type.

 All employees associated with a community provider will be considered a Paid Contractor. This will be the only option for you to select.

| ALBANY AREA COMMUNITY SERVICE BOARD | ~ |
|-------------------------------------|---|
| * Position Category:                |   |
| Non-clinical Direct Care Staff      | ~ |
| * Position:                         |   |
| Care Giver                          | ~ |
| Work Site:                          |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
|                                     |   |
| * Employee Type:                    |   |

If the applicant used your agency's provider pay code to apply, the box will be checked that states, "By checking this box I understand that this applicant's background check will be paid for using my facility's billing account with Idemia." Select "Next" to continue.

| * Provider:  |                   |                       |                     |                               |
|--|-------------------|-----------------------|---------------------|-------------------------------|
| ALBANY AREA COMMUNITY SERVICE BOARD                | ~                 |                       |                     |                               |
| * Position Category:                               |                   |                       |                     |                               |
| Non-clinical Direct Care Staff                     | ~                 |                       |                     |                               |
| * Position:  |                   |                       |                     |                               |
| Care Giver   | ~                 |                       |                     |                               |
| Work Site:   |                   |                       |                     |                               |
|  |                   |                       |                     |                               |
|  |                   |                       |                     |                               |
|  |                   |                       |                     |                               |
|  |                   |                       |                     |                               |
|  |                   |                       |                     |                               |
|  |                   |                       |                     |                               |
|  |                   |                       |                     |                               |
|  |                   |                       |                     |                               |
|  |                   |                       |                     |                               |
|  | -                 |                       |                     |                               |
| * Employee Type:                                   |                   |                       |                     |                               |
| Paid Contractor                                    | ~                 |                       |                     |                               |
|  |                   |                       |                     |                               |
| By checking this box I understand that this appli  | icant's backgrou  | nd check will be paid | for using my provid | er's Idemia hilling account 🗖 |
| by checking this box I diderstalld that this appli | icant s backgroui | na check will be pala | tor using my provid | er s ruenna onnng account. M  |

As you move through the application, the bottom right of the page for every step will have **Next** and **Back** buttons. You proceed to the next step by selecting **Next**. You can go back to the previous step by selecting **Back**.

The bottom **left** of the page will have a **Save and Close** button, this will save all your progress **up to the page you save on** and allow you to return to the in-progress application later. To access a saved application, go to **Applications > Not Yet Submitted** on the navigation bar.

| Save and Clo | ise |  | Back Next |
|--------------|-----|--|-----------|

## **Verify Identity**

Review the applicant's identification information and the uploaded image of their ID.

• Important: A valid ID is required to get fingerprinted.

All data on the ID should match the applicant's profile information.



**NOTE**: Errors in an applicant's demographic information will delay fingerprinting and may result in the applicant needing to start the process over.

Once verified, select "Next".

| Select document and enter additional informa | ation.        |                       |  |
|--|---------------|-----------------------|--|
| Document:                                    |               |                       |  |
| State Issued Drivers License                 | ~             |                       |  |
| Description:                                 |               |                       |  |
| Issuing State / Authority:                   |               |                       |  |
|  | 1             |                       |  |
| Document Number:                             |               |                       |  |
|  | 11            |                       |  |
| Expiration Date:                             |               |                       |  |
|  |               |                       |  |
|  |               |                       |  |
| Name   | Uploaded By   | Upload Date Action    |  |
| test   | CheckPT@gmail | com 04/19/2024 Delete |  |
| Upload Document                              |               |                       |  |
| oprodu Document                              |               |                       |  |

#### **Research Registries**

Providers are required to check registries and report any findings in CheckPT. **Automatch** registries will immediately search the system for matches based on the applicant's name, date of birth, and/or social security number as entered in CheckPT.

**Manual** checked registries require you to select the registry link and enter the applicant's information to search the registry.

- 1. **Required Registries** must be checked to proceed with fingerprinting and include:
  - a. OIG List of Excluded Individuals/Entities
  - b. Georgia Sex Offender Registry
  - c. National Sex Offender Public Website

- 2. **Optional Registries** are **not required** by DBHDD, but you can check them to validate licensure or check applicants that may be on the state Nurse Aide Registry.
- 3. You can also choose to **Research registries not listed** if applicable.

#### For auto-match registries:

• If there are no findings, the Research Results field will auto-fill with "Cleared".

| Required Registries  |  |                  |                       |          |  |  |
|--|--|------------------|-----------------------|----------|--|--|
| Registry   | Research<br>Requirements                 | Research Results | Research<br>Completed | Actions  |  |  |
| OIG List of Excluded Individuals/Entities<br>Registry Checked On<br>01/13/2025 | Automatch performed,<br>no matches found | *<br>Cleared ~   |                       | Add Note |  |  |

• If there is a finding, there will be a link stating there is a match in the Research Requirements field. Click the link to view the results.

| Required Registries  |                               |                  |                               |
|--|-------------------------------|------------------|-------------------------------|
| Registry   | Research<br>Requirements      | Research Results | Research Actions<br>Completed |
| OIG List of Excluded Individuals/Entities<br>Registry Checked On<br>01/13/2025 | <u>1 Match - View Details</u> | *                | Add Note<br>View Notes (1)    |

A pop-up will open with the match results. Review the information and select **Confirm**. Copy the findings to be entered in a **Note**. **This note will only be visible to DBHDD state users**.

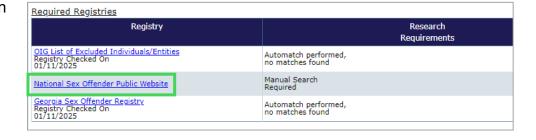
| OIG List of I   | Excluded Indi   | viduals/Entities   | s Registry Matc | h Results  |                          |                     |  |  |  |  |  |  |
|---|---|--------------------|-----------------|------------|--------------------------|---------------------|--|--|--|--|--|--|
|   | CheckPT Profile Information: LUIS ESCABI-PEREZ, XXX-XX-4974, 11/19/1945,<br>Automatch Results as of 1/13/2025   |                    |                 |            |                          |                     |  |  |  |  |  |  |
| would like to<br>manual sear  | These are auto-match results based on personal identification information provided by the applicant. If you would like to confirm the results, please use the provided link on the registry research page to perform a manual search of the registry. |                    |                 |            |                          |                     |  |  |  |  |  |  |
| First Name  | Middle Name   | Excluded Individua | Date of Birth   | Last 4 SSN | Match Type               | Confirm             |  |  |  |  |  |  |
| LUIS  |   | ESCABI-PEREZ       | 11/19/1945      |            | LastName and DateOfBirth | OConfirm<br>OIgnore |  |  |  |  |  |  |
| EventType: 112<br>Address: GUAY<br>Offense: 1128<br>Exclusion Date<br>Reinstatement | NABO, PR, 0096<br>01, 1128b1<br>: 2018/04/19  | 6                  |                 |            |                          |                     |  |  |  |  |  |  |
|   |   |                    |                 |            |                          | Close               |  |  |  |  |  |  |

Select **Add Note** and paste the findings. Select Save. Your note will be saved and DBHDD will review the findings.

| Required Registries  |                               |                  |                       |                            |  |  |  |  |  |
|--|-------------------------------|------------------|-----------------------|----------------------------|--|--|--|--|--|
| Registry   | Research<br>Requirements      | Research Results | Research<br>Completed | Actions                    |  |  |  |  |  |
| OIG List of Excluded Individuals/Entities<br>Registry Checked On<br>01/13/2025 | <u>1 Match - View Details</u> | *                |                       | Add Note<br>View Notes (1) |  |  |  |  |  |

For manual checked registries, like the National Sex Offender Public Website:

Select the link in the Registry column.

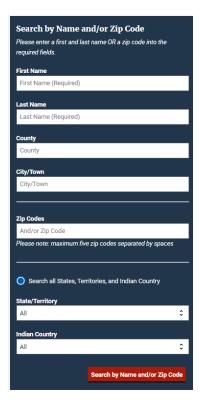


The web site will open in a new window.

For the National Sex Offender site, click "**Continue**" to agree with their Conditions of Use.



Enter the applicant's information and select **Search by Name and/or Zip Code**.



If there is not a match for the name and other searched information, set the registry result as "**Cleared**" in the **Research Results** column.

| Required Registries  |  |                         |                       |          |
|--|--|-------------------------|-----------------------|----------|
| Registry   | Research<br>Requirements                 | Research Results        | Research<br>Completed | Actions  |
| OIG List of Excluded Individuals/Entities<br>Registry Checked On<br>01/11/2025 | Automatch performed,<br>no matches found | *<br>Cleared            | 01/11/2025            | Add Note |
| National Sex Offender Public Website<br>Registry Checked On<br>01/11/2025      | Manual Search<br>Required                | *                       |                       | Add Note |
| Georgia Sex Offender Registry<br>Registry Checked On<br>01/11/2025             | Automatch performed,<br>no matches found |                         | 01/11/2025            | Add Note |
|  |  | Cleared<br>Needs Review |                       |          |

If there is a match, a close match, or you have a question about the results, set the registry result as "**Needs Review**" in the **Research Results** column and DBHDD will review the findings.

Select "Add Note" to add your question and details about your findings. This note will only be visible to DBHDD state users.

|  |  |                              |           | Help                  | >   My Account   Logout |
|--|--|------------------------------|-----------|-----------------------|-------------------------|
|  | gia Department of<br>avioral Health and Deve   | elopmental Dis               | abilitie  | es                    |                         |
| Home Applications Determinatio<br>dd New   Not Yet Submitted   Determinati<br>Research Registries  | ns Individual Assessment Employees Search F<br>on In-Process   Determination Available   Application Forms   | Reports Admin                |           |                       |                         |
| ame and other available information to s   | Application #: 72<br>rch the system for matches based on the applicant's name, dat<br>earch the registry, and enter the Research Results. If there is no |                              |           |                       | , enter the applicant's |
| equired Registries   |  |                              |           |                       |                         |
| Registry   | Research   | Research Res                 | ults      | Research              | Actions                 |
| IG List of Excluded Individuals/Entities   | Research<br>Requirements<br>Automatch gerformed,<br>no matches found   | Research Res<br>*<br>Cleared | ults<br>V | Research<br>Completed | Actions<br>Add Note     |
| Registry<br>DIG List of Excluded Individuals/Entities<br>Systy Dockeed On<br>Listonal Sex Offender Public Website<br>epsity Offedded On<br>6/07/2024 | Requirements   | *                            |           | Completed             |                         |

## **Data Review**

The final step is Data Review. Complete a final review of all information. You can review all information on each tab: Profile, Identity Verification, Pre-employment, and Registry Results.

If something needs to be changed, select **Edit Applicant Profile** and change the information.

| ata Re     | view                    |                       |                                 |                                    |                    |      |
|------------|-------------------------|-----------------------|---------------------------------|------------------------------------|--------------------|------|
| ht An      | gel, XXX-XX-5877, 6/4/  | (1995, Application #: | 104305                          |                                    |                    |      |
| ofile      | Identity Verification   | Pre-Employment        | Registry Results                |                                    |                    |      |
| rsonal     | and Demographic Infor   | mation                |                                 |                                    |                    |      |
|            |                         | First Name:           | Bright                          | SSN: XXX-XX-587                    | 7 Is ITIN: No      |      |
|            |                         | Middle Name:          |                                 | Date of Birth: 6/4/1995            |                    |      |
|            |                         | Last Name:            | Angel                           | Race: White/Hispa                  | nic Descent        |      |
|            |                         | Suffix:               |                                 | Gender: Female                     |                    |      |
| Dow        | manent Address          |                       |                                 | Eye Color: Green                   |                    |      |
| Fell       | nanent Audress          | Addrose Line 1.       | 12345 South Street              | Hair Color: Red                    |                    |      |
|            |                         | Address Line 2:       | 12545 South Street              | Height: 5'6"                       |                    |      |
|            |                         |                       | Paradise                        | Weight: 150                        |                    |      |
|            |                         | State:                |                                 | Country of Citizenship: UNITED STA |                    |      |
|            |                         | Zip:                  | 30222                           | Place Of Birth: US: HAWAII         |                    |      |
|            |                         |                       |                                 | Phone: 123-456-67                  |                    |      |
|            |                         |                       |                                 | Email: melissa.thor                | rnton@dbhdd.ga.gov |      |
| Mail       | ing Address             |                       |                                 |                                    |                    |      |
|            | -                       | Address Line 1:       | 12345 South Street              |                                    |                    |      |
|            |                         | Address Line 2:       |                                 |                                    |                    |      |
|            |                         | City:                 | Paradise                        |                                    |                    |      |
|            |                         | State:                | GA                              |                                    |                    |      |
|            |                         | Zip:                  | 30222                           |                                    |                    |      |
|            |                         |                       |                                 |                                    |                    |      |
| liases/F   | Prior Names (Includes a | Il names by which an  | applicant is currently known or | r has been identified as)          |                    |      |
|            | Last                    | Bright                | First                           | Middle                             | SSN                | DOB  |
| ones       |                         | bright                |                                 |                                    |                    |      |
| Smith      |                         |                       |                                 |                                    |                    |      |
| rior Ad    |                         |                       |                                 |                                    |                    |      |
| Years      | inesses                 | <b>6 b</b> ·          |                                 |                                    | State              |      |
| 1018-      |                         | City                  | In                              | diana                              | State              |      |
|            |                         |                       |                                 |                                    |                    |      |
| dit Appl   | icant Profile           |                       |                                 |                                    |                    |      |
|            |                         |                       |                                 |                                    |                    |      |
| Vithdrav   | Save and Close          |                       |                                 |                                    |                    | Back |
| remonality | oave and close          |                       |                                 |                                    |                    | Back |

CheckPT Provider User Guide Version 01 | January 21, 2025 When you are certain all information is correct, select "**Submit**" to proceed with the background check.

| Data Re                      | view                    |                       |                        |                                       |            |
|------------------------------|-------------------------|-----------------------|------------------------|---------------------------------------|------------|
| John Doe                     | , 1/1/199               | 99, Application #: 55 |                        |                                       |            |
| Profile                      | Identity Verification   | Pre-Employment        | Registry Results       |                                       |            |
| Personal                     | and Demographic Infor   | mation                |                        |                                       |            |
|                              |                         | First Name:           | John                   | SSN: Is ITIN: No                      |            |
|                              |                         | Middle Name:          |                        | Date of Birth: 1/1/1999               |            |
|                              |                         | Last Name:            | Doe                    | Race: Asian                           |            |
|                              |                         | Suffix:               |                        | Gender: Male                          |            |
| Dam                          | nanent Address          |                       |                        | Eye Color: Grey                       |            |
| Pen                          | nanent Address          | Address Line 1.       | Peachtree Stre         | Hair Color: Black                     |            |
| Address Line<br>Address Line |                         |                       | Peachtree Stre         | Height: 4'10"                         |            |
|                              |                         |                       | Atlanta                | Weight: 215                           |            |
|                              |                         | State:                |                        | Country of Citizenship: UNITED STATES |            |
|                              |                         |                       | 30302                  | Place Of Birth: GEORGIA (USA)         |            |
|                              |                         | 210.                  | 50502                  | Phone: 111-111-1111                   |            |
|                              |                         |                       |                        | Email:                                |            |
|                              |                         |                       |                        |                                       |            |
| Mail                         | ing Address             |                       |                        |                                       |            |
|                              |                         | Address Line 1:       | Peachtree Stre         | et                                    |            |
|                              |                         | Address Line 2:       |                        |                                       |            |
|                              |                         | City: J               | Atlanta                |                                       |            |
|                              |                         | State:                | GA                     |                                       |            |
|                              |                         | Zip:                  | 30302                  |                                       |            |
|                              |                         |                       |                        |                                       |            |
| Aliases/F                    | rior Names (Includes a  | ll names by which an  | applicant is currently | y known or has been identified as)    |            |
| This indi                    | vidual does not have an | y aliases entered.    |                        |                                       |            |
|                              |                         |                       |                        |                                       |            |
|                              |                         |                       |                        |                                       |            |
| Prior Add                    | lresses                 |                       |                        |                                       |            |
| This indi                    | vidual does not have an | y prior addresses ent | ered.                  |                                       |            |
|                              |                         |                       |                        |                                       |            |
| Edit Appl                    | icant Profile           |                       |                        |                                       |            |
|                              |                         |                       |                        |                                       |            |
|                              |                         |                       |                        |                                       |            |
| Withdraw                     | Save and Close          |                       |                        | в                                     | ack Submit |
|                              |                         |                       |                        |                                       |            |

The applicant's background check status will change from **Not Yet Submitted** to **Background Check Started** on the **Determination In-Process** page.

| ŀ | Results |        |                                     |                        |              |            |            |              |                                |                             |                |  |
|---|---------|--------|-------------------------------------|------------------------|--------------|------------|------------|--------------|--------------------------------|-----------------------------|----------------|--|
|   | Locked  | App #  | Provider Type                       | Payment Responsibility | Last Name    | First Name | Position   | Work<br>Site | Fingerprin<br>Deadline<br>Date |                             | Status<br>Date |  |
|   |         | 104305 | ALBANY AREA COMMUNITY SERVICE BOARD | Provider               | <u>Angel</u> | Bright     | Care Giver |              | 02/10/202                      | Background<br>Check Started | 01/11/2025     |  |

The applicant will receive an email from Idemia with a link to schedule their appointment in Idemia's application, IdentoGO.

The applicant will click on the link in the email and be navigated to IdentoGo to schedule an appointment. They will enter their **DOB** and **last name**. Their UEID will auto-fill. The applicant will **NOT** need to create an account in Idemia.

Please reference the **Applicant User Guide** for additional information about the Idemia/IdentoGo appointment scheduling process.

| Continue Enrollment   |
|---|
| To look up previous enrollments and manage upcoming<br>appointments, please enter your information below. |
| Notice     Information entered below must match information provided     during pre-enrollment.           |
| PHONE NUMBER EMAIL ADDRESS UE ID  |
| Date of Birth*  |
| Last Name*  |
| AZGA111QQ6  |
| CANCEL CONTINUE >   |

When the applicant has scheduled their appointment, you will see the applicant's status change from **Background Check Started** to **Appointment Scheduled** on the **Determination In-Process** page.

| Results |        |                                     |                        |              |            |            |              |                                |  |                |  |
|---------|--------|-------------------------------------|------------------------|--------------|------------|------------|--------------|--------------------------------|--|----------------|--|
| Locked  | App #  | Provider Type                       | Payment Responsibility | Last Name    | First Name | Position   | Work<br>Site | Fingerprin<br>Deadline<br>Date |  | Status<br>Date |  |
|         | 104305 | ALBANY AREA COMMUNITY SERVICE BOARD | Provider               | <u>Angel</u> | Bright     | Care Giver |              | 02/10/2021                     | Appointment<br>Scheduled -<br>1/13/2025 8:00<br>AM | 01/13/2025     |  |

# Tracking Applications through the Background Check Process

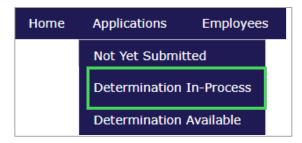
Applications can be tracked through the various stages of the background check process by using the following lists, located under **Applications** on the navigation bar:



- Not Yet Submitted Applications that need to be reviewed and approved by provider user
- **Determination In-process** Applications that have been approved by provider and are waiting for fingerprints and eligibility determinations
- **Determination Available** Applications that have been reviewed by DBHDD and have an eligibility determination

## **Determination In-Process**

Once an application has been submitted (approved) by you and is waiting for fingerprints and review by DBHDD, it is considered in-process. You can access **Determination In-Process** by going to **Applications > Determination In-Process** on the navigation bar.



| Арр   | lication | ı #:          |                   | Facility      | r:       |                |                               |                |                |                |                       |       |
|-------|----------|---------------|-------------------|---------------|----------|----------------|-------------------------------|----------------|----------------|----------------|-----------------------|-------|
|       |          |               |                   |               |          |                |                               | ~              |                |                |                       |       |
| Firs  | t Name   | 9:            | 11.               |               |          |                |                               |                |                |                |                       |       |
|       |          |               | l)                |               |          |                |                               |                |                |                |                       |       |
| Last  | t Name   |               | þ                 |               |          |                |                               |                |                |                |                       |       |
| SSN   |          |               | 64                |               |          |                |                               |                |                |                |                       |       |
| 550   | ч.       |               | j.                |               |          |                |                               |                |                |                |                       |       |
| Staf  | tus:     |               |                   |               |          |                |                               |                |                |                |                       |       |
|       |          |               |                   |               |          |                |                               |                |                |                |                       |       |
|       |          |               | ~                 |               |          |                |                               |                |                |                |                       |       |
| Se    | earch    | 1             | ~                 |               |          |                |                               |                |                |                |                       |       |
| Se    | earch    |               | ~                 |               |          |                |                               |                |                |                |                       |       |
| _     |          | ]             | ~                 |               |          |                |                               |                |                |                |                       |       |
| sults |          | Facility Type |                   | First         | Position | FP             | Status                        | Status         | Wait           | Wait           | Employme              | Actic |
| sults |          | Facility Type | ✓<br>Last<br>Name | First<br>Name | Position | FP<br>Deadline | Status                        | Status<br>Date | Wait<br>Reason | Wait<br>Reason | Employme<br>nt Status | Actio |
| ults  | Арр      | Facility Type | Last              |               | Position |                | Status                        |                |                |                |                       | Actio |
| ults  | App<br># | Facility Type | Last              |               | Position | Deadline       | Status<br>Background<br>Check |                |                | Reason         |                       | Actio |

The Status column will indicate the status of the application.

#### Statuses:

- Not Yet Submitted
- Background Check Started
- Appointment Scheduled
- Fingerprints Sent to GBI
- Fingerprints Received by GBI
- Fingerprints Retake Required fingerprints were not accepted and applicant needs to be re-fingerprinted. Applicant should receive an email from Idemia.

If there is a Wait Reason in the **Wait Reason** column, additional information is needed from the applicant. Do **not** create a new application. DBHDD will email the applicant with their next steps. Tell the applicant to look for an email from DBHDD and to follow the steps outlined in that email.

The **Wait Reason Date** column gives the date the applicant was notified by DBHDD. The applicant will have 30 days from that date to provide the additional information.

| Applications: Determination In | n-Process                    |              |            |          |                         |                             |           |                      |               |           |          |
|--------------------------------|------------------------------|--------------|------------|----------|-------------------------|-----------------------------|-----------|----------------------|---------------|-----------|----------|
| Filter Options                 |                              |              |            |          |                         |                             |           |                      |               |           |          |
| Application #:                 | Provider:                    |              | Division:  |          |                         |                             |           |                      |               |           |          |
|                                |                              | ~            |            |          |                         |                             |           |                      |               |           |          |
| First Name:                    |                              |              |            |          |                         |                             |           |                      |               |           |          |
|                                |                              |              |            |          |                         |                             |           |                      |               |           |          |
| Last Name:                     |                              |              |            |          |                         |                             |           |                      |               |           |          |
| SSN:                           |                              |              |            |          |                         |                             |           |                      |               |           |          |
|                                |                              |              |            |          |                         |                             |           |                      |               |           |          |
| Status:                        |                              |              |            |          | Ŧ                       |                             |           |                      |               |           |          |
|                                | ~                            |              |            |          |                         |                             |           |                      |               |           |          |
| Search                         |                              |              |            |          |                         |                             |           |                      |               |           |          |
|                                |                              |              |            |          |                         |                             |           |                      |               |           |          |
| Results                        |                              |              |            |          |                         |                             |           |                      |               |           |          |
| Locked App #                   | Provider Type                | Last Name    | First Name | Position | Fingerprint<br>Deadline | Status                      | Status    | Wait Reason          | Wait Reason I | mployment | Action   |
|                                |                              |              |            |          | Deadline                |                             | Date      |                      | Date          | Status    |          |
|                                |                              |              |            |          |                         |                             |           |                      |               |           |          |
| 100553 BEHAVIORAL HEALT        | TH SERVICES OF SOUTH GEORGIA | <u>Money</u> | Lotsa      | RN       | 07/14/2024              | Background Check<br>Started | 06/14/202 | Waiting on Applicant | 06/25/2024    |           | Withdraw |

At any point in the process, you can decide to **Withdraw** the applicant's application, removing them from being considered for hire. If you want to withdraw the applicant from consideration, select "**Withdraw**" in the **Action** column.

|           |             | etermination In-Process                     |              |            |          |                                 |                             |                |                      |                     |                      |          |
|-----------|-------------|---|--------------|------------|----------|---------------------------------|-----------------------------|----------------|----------------------|---------------------|----------------------|----------|
| -Filter C |             |   |              |            |          |                                 |                             |                |                      |                     |                      |          |
| Арр       | lication #: | Provider:                                   | ~            | Division:  |          |                                 |                             |                |                      |                     |                      |          |
| Firs      | t Name:     |   |              |            |          |                                 |                             |                |                      |                     |                      |          |
| Las       | t Name:     |   |              |            |          |                                 |                             |                |                      |                     |                      |          |
| SSI       | l:          |   |              |            |          |                                 |                             |                |                      |                     |                      |          |
| Sta       | tus:        |   |              |            |          | w                               |                             |                |                      |                     |                      |          |
| S         | earch       | <b>v</b>                                    |              |            |          |                                 |                             |                |                      |                     |                      |          |
|           |             |   |              |            |          |                                 |                             |                |                      |                     |                      |          |
| Results   |             |   |              |            |          |                                 |                             |                | 1                    |                     |                      |          |
| Locked    | App #       | Provider Type                               | Last Name    | First Name | Position | Fingerprint<br>Deadline<br>Date | Status                      | Status<br>Date | Wait Reason          | Wait Reason<br>Date | Employment<br>Status | Action   |
|           | 100553      | BEHAVIORAL HEALTH SERVICES OF SOUTH GEORGIA | <u>Money</u> | Lotsa      | RN       | 07/14/2024                      | Background Check<br>Started | 06/14/2024     | Waiting on Applicant | 06/25/2024          |                      | Withdraw |

A pop-up window will open. You must select a **Withdraw Reason** from the dropdown list. Select the reason and select "**Withdraw**".

| Confirm Withdraw  |   |                 |  |  |  |  |  |  |  |  |  |
|---|---|-----------------|--|--|--|--|--|--|--|--|--|
| Lotsa Money, XXX-   | XX-7899, 6/6/1982, Application #: 100553  | 3               |  |  |  |  |  |  |  |  |  |
| * Required  |   |                 |  |  |  |  |  |  |  |  |  |
| The associated Determination will not proceed.  |   |                 |  |  |  |  |  |  |  |  |  |
| If you are sure you want to Withdraw this application, select a Withdraw Reason and click 'Withdraw'. |   |                 |  |  |  |  |  |  |  |  |  |
| * Withdraw Reason:  | ~   |                 |  |  |  |  |  |  |  |  |  |
|   | Administrative Withdraw<br>Applicant No Longer Available/Interested   | Cancel Withdraw |  |  |  |  |  |  |  |  |  |
|   | Applicant Withdrew from Process<br>Data Correction<br>Did Not Report for Position/Work  |                 |  |  |  |  |  |  |  |  |  |
|   | <ul> <li>Duplicate Background Check Submission</li> <li>Finding on Registry Check</li> <li>Hired Another Candidate</li> </ul> |                 |  |  |  |  |  |  |  |  |  |
|   | Inactivity/No Contact from Applicant<br>Refused to Submit to LiveScan Fingerprinting<br>Other                                 |                 |  |  |  |  |  |  |  |  |  |

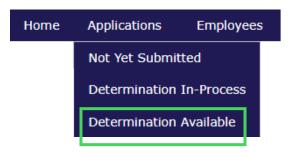
*For Staffing Agencies and Fiscal Intermediaries Only*: You will see the Work Site information here.

| Results | ;        |                                     |                           |              |               |         |   |                                 |                                |                |                |                        |                       |          |
|---------|----------|-------------------------------------|---------------------------|--------------|---------------|---------|---|---------------------------------|--------------------------------|----------------|----------------|------------------------|-----------------------|----------|
| Locked  | App #    | Provider Type                       | Payment<br>Responsibility | Last<br>Name | First<br>Name | Positio | Work Site                                       | Fingerprint<br>Deadline<br>Date | Status                         | Status<br>Date | Wait<br>Reason | Wait<br>Reason<br>Date | Employme<br>nt Status | Action   |
|         | 104307   | Amergis Healthcare<br>Staffing, Inc | Provider                  | Angel        | Bright        | RN      | ALBANY<br>AREA<br>COMMUNITY<br>SERVICE<br>BOARD | )2/12/2025                      | Background<br>Check<br>Started | 01/13/2025     |                |                        |                       | Withdraw |
| 1 Tota  | al Resul | ts                                  |                           |              |               |         |   |                                 |                                |                |                |                        |                       |          |

## **Determination Available**

Once the background check results have been received and a determination has been made by DBHDD, applications will appear on the **Determination Available** page. Applications will remain on this page until you make a hiring decision.

You can access **Determination Available** by going to **Applications > Determination Available** on the navigation bar.



You will be directed to the **Applications: Determination Available** page.

In the **Determination** column, the status will show as one of the following:

- Eligible the applicant is eligible for hire
- Ineligible the applicant is ineligible for hire
- Undetermined additional information is needed from the applicant to make a
  determination of eligible or ineligible. (This is not a final determination and will
  transition to eligible or ineligible based on policy.)

| et Submitted  | Determination In-P   | rocess   Determinat  | ion Available   Ap                                 | oplication Forms  |  |  |                           |                   |                |  |
|---|--|--|--|---|--|--|---------------------------|-------------------|----------------|--|
|   | Determination Av   |  |  |   |  |  |                           |                   |                |  |
| er Options  |  |  |  |   |  |  |                           |                   |                |  |
| Application #:  |  | Provider:  |  |   | ivision:   |  |                           |                   |                |  |
| Appreadon #1  |  | Dawgs Com  | nanity   | Y   | 1912/10/11   |  |                           |                   |                |  |
| First Name:   |  | Determinatio   |  |   |  | -  |                           |                   |                |  |
|   |  |  |  | ~   |  |  |                           |                   |                |  |
| Last Name:  |  |  |  |   |  |  |                           |                   |                |  |
|   |  |  |  |   |  |  |                           |                   |                |  |
| SSN:  |  |  |  |   |  |  |                           |                   |                |  |
|   |  |  |  |   |  | -  |                           |                   |                |  |
| Determination   | Date From:   |  |  |   |  |  |                           |                   |                |  |
| Determination   |  |  |  |   |  |  |                           |                   |                |  |
| Determination   | LUADE TO:  |  |  |   |  |  |                           |                   |                |  |
|   |  |  |  |   |  |  |                           |                   |                |  |
| Employment S  | Status:  |  |  |   |  |  |                           |                   |                |  |
| Employment S  |  | ~  |  |   |  |  |                           |                   |                |  |
|   |  |  |  |   |  |  |                           |                   |                |  |
| Employment S<br>Search  |  |  |  |   |  |  |                           |                   |                |  |
|   |  |  |  |   |  |  |                           |                   |                |  |
| Search  |  |  | First Name   | Position  | Determination  | Determination  | Wait Reason               | Employment Status | Days Remaining | Actions  |
| Search<br>ults<br>ked Application<br>ID                                     |  | v  | First Name   | Position  | Determination  | Determination<br>Date  | Wait Reason               | Employment Status | Days Remaining | Actions  |
| Search<br>ults<br>ked Application<br>ID                                     |  | v<br>Last Name   |  |   |  | Date   | Wait Reason               | Employment Status | Days Remaining |  |
| Search<br>ults<br>red Application<br>ID<br>66                               | n Provider<br>Davigs Community   | Last Name  | Sunshine   | Bookkeeper  | Ineligible   | Date<br>05/16/2024   | Wait Reason               | Employment Status | Days Remaining | Close - Not Hired  |
| Search<br>ults<br>ked Application<br>ID<br>66<br>45                         | n Provider<br>Daivgs Community<br>Daivgs Community   | v<br>Last Name   | Sunshine<br>Harry                                  | Bookkeeper<br>Nurse Practitioner  | Ineligible<br>Undetermined   | Date<br>05/16/2024<br>04/18/2024   | Wait Reason               | Employment Status | Days Remaining | Close - Not Hired<br>Close - Not Hired   |
| Search<br>ults<br>ked Application<br>ID<br>66                               | n Provider<br>Davigs Community   | Last Name  | Sunshine   | Bookkeeper<br>Nurse Practitioner<br>Housekeeping Staff  | Ineligible<br>Undetermined<br>Undetermined                                     | Date<br>05/16/2024   | Wait Reason               | Employment Status | Days Remaining | Close - Not Hired  |
| Search<br>ults<br>ked Application<br>ID<br>66<br>43                         | n Provider<br>Daivgs Community<br>Daivgs Community   | <ul> <li>Last Name</li> <li>Testar</li> <li>Sarry</li> </ul>       | Sunshine<br>Harry                                  | Bookkeeper<br>Nurse Practitioner<br>Housekeeping Staff  | Ineligible<br>Undetermined<br>Undetermined                                     | Date<br>05/16/2024<br>04/18/2024   | Wait Reason               | Employment Status | Days Remaining | Close - Not Hired<br>Close - Not Hired   |
| Search<br>ults<br>ked Application<br>ID<br>66<br>45<br>40                   | n Provider<br>Davigs Community<br>Davigs Community<br>Davigs Community   | Last Name<br>Tester<br>Garry<br>Barry                              | Sunshine<br>Harry<br>Blue                          | Bookkeeper<br>Nurse Practitioner  | Ineligible<br>Undetermined<br>Undetermined                                     | Date<br>05/16/2024<br>04/18/2024<br>04/25/2024   | Wait Reason               |                   | Days Remaining | Close - Not Hired<br>Close - Not Hired<br>Close - Not Hired  |
| Search<br>ults<br>ked Application<br>ID<br>66<br>45<br>40<br>32             | n Provider<br>Davigs Community<br>Davigs Community<br>Davigs Community<br>Davigs Community   | Last Name<br>Tester<br>Gerry<br>Berry<br>Sky                       | Sunshine<br>Harry<br>Blue<br>Blue                  | Bookkeeper<br>Nurse Practitioner<br>Housekeeping Staff<br>Developmental<br>Disabilities Professiona<br>(ODP)                                      | Ineligible<br>Undetermined<br>Undetermined<br>Eligible                         | Date<br>05/16/2024<br>04/18/2024<br>04/25/2024<br>04/04/2024                             | Wait Reason               | ter               | Days Remaining | Close - Not Hired<br>Close - Not Hired<br>Close - Not Hired<br>Close - Not Hired   |
| Search<br>ults<br>ked Apolication<br>ID<br>66<br>45<br>40<br>22<br>23       | n Provider<br>Dawga Community<br>Dawga Community<br>Dawga Community<br>Dawga Community<br>Dawga Community                          | Last Name<br>Tatter<br>Carry<br>Barry<br>Sky<br>Bard               | Sunshine<br>Harry<br>Blue<br>Blue<br>Blue          | Bookkeeper<br>Nurse Practitioner<br>Housekeeping Staff<br>Developmental<br>Disabilities Professiona<br>(ODP)<br>Driver/Transportation             | Ineligible<br>Undetermined<br>Undetermined<br>Eligible<br>Eligible             | Date<br>05/16/2024<br>04/18/2024<br>04/25/2024<br>04/04/2024<br>04/03/2024               | Wait Reason<br>08/11/2024 | file<br>Hile      | Days Remaining | Clase - Not Hired<br>Clase - Not Hired<br>Clase - Not Hired<br>Clase - Not Hired<br>Clase - Not Hired                      |
| Search<br>ults<br>ked Application<br>ID<br>66<br>45<br>40<br>22<br>23<br>14 | n Provider<br>Davigs Community<br>Davigs Community<br>Davigs Community<br>Davigs Community<br>Davigs Community<br>Davigs Community | Last Name     Tassar     Carry     Sarry     Sky     Brd     Abati | Sunshine<br>Harry<br>Blue<br>Blue<br>Blue<br>Debby | Bookkeeper<br>Nurse Practitioner<br>Housekeeping Staff<br>Developmental<br>Disabilities Professiona<br>(DDP)<br>Driver/Transportation<br>IT Staff | Ineligible<br>Undetermined<br>Undetermined<br>Eligible<br>Eligible<br>Eligible | Date<br>55/16/2024<br>04/18/2024<br>04/25/2024<br>04/04/2024<br>04/03/2024<br>03/11/2024 |                           | file<br>Hile      | Days Remaining | Close - Not Hired<br>Close - Not Hired |

#### Important: You must make a hiring decision in CheckPT for every applicant.

## **Hiring Decisions**

You are **required** to record hiring decisions in CheckPT for every applicant who has a determination.

Once background check results are received, you decide if you want to hire the applicant. You have **60 days** from the date background check results are received to hire the applicant. If the applicant is not hired in 60 days, the application will be **closed** and a new application will be required.

Go to Applications> Determination Available page.



## **Hiring an Eligible Applicant**

If the applicant has a determination of **Eligible**, and you want to hire the applicant, select "**Hire**" in the **Employment Status** column.

| Applications: Determination Available |                  |              |           |                 |               |                       |             |                   |                   |                   |
|---------------------------------------|------------------|--------------|-----------|-----------------|---------------|-----------------------|-------------|-------------------|-------------------|-------------------|
| Filter Options                        |                  |              |           |                 |               |                       |             |                   |                   |                   |
| Application #:                        | Provider:        |              | Division: |                 |               |                       |             |                   |                   |                   |
|                                       |                  | ۷            |           |                 |               |                       |             |                   |                   |                   |
| First Name:                           | Determination:   |              |           |                 |               |                       |             |                   |                   |                   |
|                                       |                  | ~            |           |                 |               |                       |             |                   |                   |                   |
| Last Name:                            |                  |              |           |                 |               |                       |             |                   |                   |                   |
|                                       |                  |              |           |                 |               |                       |             |                   |                   |                   |
| SSN:                                  |                  |              |           |                 |               |                       |             |                   |                   |                   |
|                                       |                  |              |           |                 |               |                       |             |                   |                   |                   |
| Determination Date From:              |                  |              |           |                 | Ŧ             |                       |             |                   |                   |                   |
|                                       |                  |              |           |                 |               |                       |             |                   |                   |                   |
| Determination Date To:                |                  |              |           |                 |               |                       |             |                   |                   |                   |
|                                       |                  |              |           |                 |               |                       |             |                   |                   |                   |
| Employment Status:                    |                  |              |           |                 |               |                       |             |                   |                   |                   |
| v                                     |                  |              |           |                 |               |                       |             |                   |                   |                   |
| Search                                |                  |              |           |                 |               |                       |             |                   |                   |                   |
|                                       |                  |              |           |                 |               |                       |             |                   |                   |                   |
| Results                               |                  |              |           |                 |               |                       |             |                   |                   |                   |
|                                       |                  |              |           |                 |               |                       |             |                   |                   |                   |
| Locked Application Pr<br>ID           | rovider Li       | ast Name Fi  | rst Name  | Position        | Determination | Determination<br>Date | Wait Reason | Employment Status | Days<br>Remaining | Actions           |
| •                                     |                  |              |           |                 |               | Date                  |             |                   | Kennanning        |                   |
| 100551 BEHAVIORAL HEALTH SERVICES     | OF SOUTH GEORGIA | <u>v</u> Sun | ny        | Peer Specialist | Eligible      | 06/17/2024            |             | Hire              |                   | Close - Not Hired |

CheckPT Provider User Guide Version 01 | January 21, 2025 A pop-up window will open. Verify the information and enter the **Hire Date** to add them to your Roster. When finished, select "**Save**".

| Hire   |
|--|
| Jane Cloud, XXX-XX-7885, 8/1/1988  |
| <ul> <li>Provider:</li> <li>GATEWAY BEHAVIORAL HEALTH SER </li> <li>Position Category:</li> <li>Non-clinical Direct Care Staff </li> <li>Position:</li> <li>Paraprofessional </li> <li>Employee Type:</li> <li>Paid Contractor </li> </ul> |
| * Hire Date:   |



Note: The Hire date must be on or after the determination date but cannot be a future date.

## **Closing (Not Hiring) an Ineligible Applicant**

If the applicant has a determination of **Ineligible** or you choose not to hire an applicant for another reason, select "**Close-Not Hired**" in the **Actions** column.

| Applications: Determination Available |                    |               |                 |               |                       |             |                   |                   |                   |
|---------------------------------------|--------------------|---------------|-----------------|---------------|-----------------------|-------------|-------------------|-------------------|-------------------|
| Filter Options                        |                    |               |                 |               |                       |             |                   |                   |                   |
| Application #:                        | Provider:          | Divi          | ision:          |               |                       |             |                   |                   |                   |
| First Name:                           | Determination:     | *<br>*        |                 | <b>A</b>      |                       |             |                   |                   |                   |
| Last Name:                            |                    |               |                 |               |                       |             |                   |                   |                   |
| SSN:                                  |                    |               |                 |               |                       |             |                   |                   |                   |
| Determination Date From:              |                    |               |                 | v             |                       |             |                   |                   |                   |
| Determination Date To:                |                    |               |                 |               |                       |             |                   |                   |                   |
| Employment Status:                    |                    |               |                 |               |                       |             |                   |                   |                   |
| Search                                |                    |               |                 |               |                       |             |                   |                   |                   |
| Results                               |                    |               |                 |               |                       |             |                   |                   |                   |
| Locked Application P<br>ID            | rovider Last       | Name First Na | ame Position    | Determination | Determination<br>Date | Wait Reason | Employment Status | Days<br>Remaining | Actions           |
| 100551 BEHAVIORAL HEALTH SERVICES     | 5 OF SOUTH GEORGIA | Sunny         | Peer Specialist | Eligible      | 06/17/2024            |             | Hire              |                   | Close - Not Hired |

CheckPT Provider User Guide Version 01 | January 21, 2025 A pop-up will ask you to confirm that you want to **Close without Hiring**. Select "**Yes**". The applicant will be removed from the **Determination Available** grid and will **not** be added to your roster.



## **Roster Management and Employment Verification**

CheckPT allows you to maintain a roster of active employees for your agency. You must keep your roster up to date. You are **required** to verify the continued employment of your employees every **60 days**.

You can print your Roster if asked to provide a list of all active employees for an investigation, certification review, or audit.

Your Roster is a list of all active employees you have hired through CheckPT. When an applicant has an Eligible determination, and you hire them, this adds them to your Roster. When an employee leaves your agency, you will update the Roster indicating they have been separated and are no longer working for your agency.

## **Roster Management**

To access the **Employees: Roster** page, go to **Employees** on the navigation bar and select "**Roster**".



| Division:           |     | Employment Status: |   | Hire Date From:       |  |
|---------------------|-----|--------------------|---|-----------------------|--|
| - All -             | ~   | Active             | ~ |                       |  |
| Provider:           |     | Employee Type:     |   | Hire Date To:         |  |
| Dawgs Community     | ~ * |                    | ~ |                       |  |
| <b>Q</b> dawg       |     | Position Category: |   | User Name:            |  |
| Program:            |     |                    | ~ |                       |  |
|                     | ~   | Position:          |   | Determination Status: |  |
| First Name:         |     |                    | ~ |                       |  |
|                     |     |                    |   | Background Check #:   |  |
| Last Name:          |     |                    |   |                       |  |
|                     |     |                    |   |                       |  |
| Date of Birth From: |     |                    |   |                       |  |
|                     | Ē   |                    |   |                       |  |
| Date of Birth To:   |     |                    |   |                       |  |

Enter any filter criteria and select "Search".

Your list of employees will display. Review the list and make sure it only includes current, active employees.

| Last Name                | First Name<br>Blue | Date of Birth<br>03/01/1993 | Position  | Employmen<br>t Status                       | Provisional Hire Date   | Permanent Hire Date  | Determination Status  | Determination Date   | Request Type  | Action   |
|--------------------------|--------------------|-----------------------------|---|---|---|--|---|--|---|--|
| ty Bird                  | Blue               | 03/01/1993                  |   |   |   |  |   |  |   |  |
|                          |                    |                             | Driver/Transportation                               | Permanent                                   |   | 04/08/2024   | Eligible  | 04/03/2024   | Community Provider  | Edit<br>Terminate<br>Letter  |
| ty <u>Sky</u>            | Blue               | 04/30/1971                  | Developmental<br>Disabilities<br>Professional (DDP) | Permanent                                   |   | 04/08/2024   | Eligible  | 04/04/2024   | Community Provider  | Edit<br>Terminate<br>Letter  |
| t <u>y</u> <u>Tester</u> | Melissa            | 02/01/1970                  | Paraprofessional                                    | Permanent                                   |   | 05/01/2024   | Eligible  | 04/04/2024   | Community Provider  | Edit<br>Terminate<br>Letter  |
| ty Thunder               | Brittany           | 08/25/1993                  | Direct Support Tech<br>(FST/HST/MHT/SST)            | Permanent                                   |   | 05/01/2024   | Eligible  | 04/25/2024   | Community Provider  | Edit<br>Terminate<br>Letter  |
|                          |                    |                             |   |   |   |  |   |  |   |  |
|                          |                    |                             |   | 11 Direct Support Tech<br>(FST/HST/MHT/SST) | x Thunder Brittany 08/25/1993 Direct Support Tech Permanent (FST/HST/MHT/SST) Permanent | Y Thunder Brittany 08/25/1993 Direct Support Tech<br>(PST/HST/MHT/SST) Permanent | Y         Thunder         Brittany         08/25/1993         Direct Support Tech<br>(FST/HST/MHT/SST)         Permanent         05/01/2024 | Y         Thunder         Brittany         08/25/1993         Direct Support Tech<br>(FST/HST/MHT/SST)         Permanent         05/01/2024         Eligible | Y         Thunder         Brittany         08/25/1993         Direct Support Tech<br>(FST/HST/MHT/SST)         Permanent         05/01/2024         Eligible         04/25/2024 | Inunder         Brittany         08/25/1993         Direct Support Tech<br>(FST/HST/MHT/SST)         Permanent         05/01/2024         Eligible         04/25/2024         Community Provider |

You can remove employees who are no longer working with you by checking the box next to **Terminate** for one or multiple employees. Then select "**Terminate Employment** for **Selected**".

You can download letters by checking the box next to **Letter** for one or multiple employees. Then select "**Print Clearance Letters for Selected**".

You can also print your roster or export it as a csv file by selecting "CSV File" or "Print".

| esults         |   |               |            |               |   |                       |                       |                     |                      |                    |                    |                             |
|----------------|---|---------------|------------|---------------|---|-----------------------|-----------------------|---------------------|----------------------|--------------------|--------------------|-----------------------------|
| Application ID | Provider  | Last Name     | First Name | Date of Birth | Position  | Employmen<br>t Status | Provisional Hire Date | Permanent Hire Date | Determination Status | Determination Date | Request Type       | Action                      |
| 23             | <u>Dawgs Community</u>  | <u>Bird</u>   | Blue       | 03/01/1993    | Driver/Transportation                               | Permanent             |                       | 04/08/2024          | Eligible             | 04/03/2024         | Community Provider | Edit<br>Terminate<br>Letter |
| 32             | Dawgs Community   | <u>Sky</u>    | Blue       | 04/30/1971    | Developmental<br>Disabilities<br>Professional (DDP) | Permanent             |                       | 04/08/2024          | Eligible             | 04/04/2024         | Community Provider | Edit<br>Terminate<br>Letter |
| 29             | Dawgs Community   | <u>Tester</u> | Melissa    | 02/01/1970    | Paraprofessional                                    | Permanent             |                       | 05/01/2024          | Eligible             | 04/04/2024         | Community Provider | Edit<br>Terminate<br>Letter |
| 58             | Dawgs Community   | Thunder       | Brittany   | 08/25/1993    | Direct Support Tech<br>(FST/HST/MHT/SST)            | Permanent             |                       | 05/01/2024          | Eligible             | 04/25/2024         | Community Provider | Edit<br>Terminate           |
| 4 Total Result | s   |               |            |               |   |                       |                       |                     |                      |                    |                    |                             |
|                | Select All Terminate Employment for Selected Select All Letters Print Clearence Letters for Selected CSV File Print |               |            |               |   |                       |                       |                     |                      |                    |                    |                             |

To access a list of separated employees, under **Filter Criteria**, select **Separated** for **Employment Status** and select **Search**.

| Employees: Roster   |         |                    |   |                       |         |
|---------------------|---------|--------------------|---|-----------------------|---------|
| Division:           |         | Employment Status: |   | Hire Date From:       | Ē       |
| - All -             | ~       | Separated          | ~ |                       |         |
| Provider:           |         | Employee Type:     |   | Hire Date To:         |         |
|                     | ~       |                    | ~ |                       | <b></b> |
| Program:            |         | Position Category: |   | Determination Status: |         |
|                     | ~       |                    | ~ |                       | ~       |
| First Name:         |         | Position:          |   | Background Check #:   |         |
|                     |         |                    | ~ |                       |         |
| Last Name:          |         |                    |   |                       |         |
| Date of Birth From: |         |                    |   |                       |         |
|                     | <b></b> |                    |   |                       |         |
| Date of Birth To:   |         |                    |   |                       |         |
| Search              | <b></b> |                    |   |                       |         |

A list of all Separated employees will be displayed. Notice the **Separated** status under the **Employment Status** column.

| Employees:      | Roster          |             |               |               |                                      |                     |                    |                          |                      |                    |                    |        |
|-----------------|-----------------|-------------|---------------|---------------|--------------------------------------|---------------------|--------------------|--------------------------|----------------------|--------------------|--------------------|--------|
| Filter Criteria |                 |             |               |               |                                      |                     |                    |                          |                      |                    |                    |        |
| Division:       |                 |             | Employment    | Status:       | Hire Date                            | From:               |                    |                          |                      |                    |                    |        |
| - All -         |                 | ~           | Separated     |               | ~                                    |                     | <b></b>            |                          |                      |                    |                    |        |
| Provider:       |                 |             | Employee Ty   | pe:           | Hire Date                            | To:                 |                    |                          |                      |                    |                    |        |
|                 |                 | ~           |               |               | ~                                    |                     | <b></b>            |                          |                      |                    |                    |        |
| Program:        |                 |             | Position Cate | gory:         | Determina                            | ation Status:       |                    |                          |                      |                    |                    |        |
|                 |                 | ~           |               |               | ~                                    |                     | ~                  |                          |                      |                    |                    |        |
| First Name:     |                 |             | Position:     |               | Backgroun                            | nd Check #:         |                    |                          |                      |                    |                    |        |
|                 |                 |             |               |               | ~                                    |                     |                    |                          |                      |                    |                    |        |
| Last Name:      |                 |             |               |               |                                      |                     |                    |                          |                      |                    |                    |        |
| Date of Birt    | h From:         |             |               |               |                                      |                     |                    |                          |                      |                    |                    |        |
|                 |                 | <b></b>     |               |               |                                      |                     |                    |                          |                      |                    |                    |        |
| Date of Birt    | h To:           | -           |               |               |                                      |                     |                    |                          |                      |                    |                    |        |
|                 |                 | <b></b>     |               |               |                                      |                     |                    |                          |                      |                    |                    |        |
| Search          |                 |             |               |               |                                      |                     |                    |                          |                      |                    |                    |        |
| Results         |                 |             |               |               |                                      |                     |                    |                          |                      |                    |                    |        |
|                 |                 |             |               |               |                                      | _                   |                    |                          |                      |                    |                    |        |
| Application ID  | Provider        | Last Name   | First Name    | Date of Birth | Position                             | Employmer<br>Status | Provisional Hire ( | Date Permanent Hire Date | Determination Status | Determination Date | Request Type       | Action |
|                 |                 |             |               |               |                                      |                     |                    |                          |                      |                    |                    |        |
| 33              | Dawgs Community | Capitol     | Test          | 01/18/1989    | Direct Support<br>Professional (DSP) | Separated           |                    | 04/17/2024               | Eligible             | 04/04/2024         | Community Provider | Edit   |
| 56              | Dawgs Community | Cat         | Tom           | 11/17/1965    | Housekeeping Staff                   | Separated           |                    | 05/06/2024               | Eligible             | 05/02/2024         | Community Provider | Edit   |
| 61              | Dawgs Community | Flowers     | White         | 05/17/1989    | Direct Support<br>Professional (DSP) | Separated           |                    | 05/01/2024               | Eligible             | 05/01/2024         | Community Provider | Edit   |
| 1               | Dawgs Community | <u>John</u> | Рара          | 10/01/1969    | Nurse Aide                           | Separated           |                    | 04/26/2024               | Eligible             | 04/25/2024         | Community Provider | Edit   |
| 47              | Dawgs Community | Red         | Crimson       | 02/01/1994    | Driver/Transportatio                 | Separated           |                    | 04/19/2024               | Eligible             | 04/19/2024         | Community Provider | Edit   |
| 6               | Dawgs Community | Shellstrop  | Eleanor       | 11/01/1992    | Administrative<br>Assistant          | Separated           |                    | 05/15/2024               | Eligible             | 02/29/2024         | Community Provider | Edit   |
| 38              | Dawgs Community | Stravhand   | Michael       | 10/01/1969    | Lab Technician                       | Separated           |                    | 04/15/2024               | Eligible             | 04/15/2024         | Community Provider | Edit   |
| 7 Total Resul   | ts              |             |               |               |                                      |                     |                    |                          |                      |                    |                    |        |

## **Verifying Employment**

You must verify continued employment of employees every **60 days** to maintain an active roster. You will receive automated notifications from CheckPT when verification is needed for specific employees.

Go to the **Employees** menu on the navigation bar and select **Verification**.



To see a list of employees whose employment needs to be verified, ensure the date range in the fields **Employment Verification Needed From:** and **Employment Verification Needed By:** are accurate. Generally, you'll be selecting today's date. Then select **Search**.

| Home Applicat         | ons Employees         | Search    | Reports | Admin |
|-----------------------|-----------------------|-----------|---------|-------|
| Roster   Verification | Roster                |           |         |       |
| Employees: Ver        | Verification          |           |         |       |
| Filter Options        |                       |           |         |       |
| 06/07/2024            | fication Needed From: | Division: |         |       |
|                       | fication Needed By:   |           |         |       |
| 07/07/2024            | <b></b>               |           |         |       |
| Provider:             |                       |           |         |       |
|                       | ~                     |           |         |       |
| Last Name:            |                       |           |         | *     |
| Search                |                       |           |         |       |
| ocarci                |                       |           |         |       |

#### The search results appear.

| Provider        | Last Name | First Name | Position                             | Provisional Hire Date | Permanent Hire Date | Employment Verification Verify Act<br>Last Verified Needed By |
|-----------------|-----------|------------|--------------------------------------|-----------------------|---------------------|---|
| Dawgs Staffing  | Turner    | Ronda      | Direct Support<br>Professional (DSP) |                       | 04/19/2024          | 04/19/2024 06/19/2024 🗌 🖬                                     |
| Dawgs Staffing  | Shine     | Sun        | HCP070 Registered<br>Nurse 1         |                       | 04/03/2024          | 04/03/2024 06/03/2024 🗌 🖬                                     |
| 2 Total Results |           |            | HUISE I                              |                       |                     | Select All Verify Sel   |

To verify employment, review the employee list to see if there is any employee on the list who is no longer working for your agency. If you find someone on the list who has left employment with your agency, record the separation by selecting "**Edit**" in the **Action** column.

| Home     | Applications         | Employ        | ees Sea    | arch Re       | ports | Admin                   |                        |               |            |               |
|----------|----------------------|---------------|------------|---------------|-------|-------------------------|------------------------|---------------|------------|---------------|
| Roster   | Verification         |               |            |               |       |                         |                        |               |            |               |
| Emplo    | yees: Verificati     | ion           |            |               |       |                         |                        |               |            |               |
| Filter C | ptions               |               |            |               |       |                         |                        |               |            |               |
| Em       | ployment Verificatio | n Needed From | 1:         |               |       |                         |                        |               |            |               |
| 04       | /19/2024             |               |            |               |       |                         |                        |               |            |               |
| Em       | ployment Verificatio | n Needed By:  |            |               |       |                         |                        |               |            |               |
| 06       | /24/2024             |               |            |               |       |                         |                        |               |            |               |
| Fac      | ility:               |               |            |               |       |                         |                        |               |            |               |
| Co       | mmunity Facility     | •             | ~          |               |       |                         |                        |               |            |               |
| Las      | t Name:              |               |            |               |       |                         |                        |               |            |               |
|          |                      |               | (i         |               |       |                         |                        |               |            |               |
| 5        | earch                |               |            |               |       |                         |                        |               |            |               |
|          | carch                |               |            |               |       |                         |                        |               |            |               |
| Results  |                      |               |            |               |       |                         |                        |               |            |               |
| Results  |                      |               |            |               |       |                         |                        |               |            |               |
|          | Facility             | Last Name     | First Name | Positio       |       | rovisional<br>Iire Date | Permanent Hire<br>Date |               |            | Verify Action |
|          |                      |               |            |               |       | lire Date               | Date                   | Last Verified | мееаеа ву  |               |
| Commu    | inity Facility       | Applicant     | CheckPT    | General Clerk | <     |                         | 04/19/2024             | 04/19/2024    | 06/19/2024 | Edit          |
|          | al Results           |               |            |               |       |                         |                        |               | , ,        |               |
|          | ai nesuits           |               |            |               |       |                         |                        |               | Morif      | Colocted      |
|          |                      |               |            |               |       |                         |                        |               | vern       | y Selected    |

A pop up will appear. Under **Employment Status** select **Separated**, enter the **Separation Date**, and select **Save**.

| Edit Employment  |                                  |         |
|--|----------------------------------|---------|
| Lotsa Money, 744-47-7899, 6/6/1982                                   |                                  |         |
| * Required<br>* Employment Status:<br>Separated                      | Provisional Hire Date:           |         |
| Provider:<br>BEHAVIORAL HEALTH SERVICES OF SOUTH GEORGIA             | Hire Date:<br>07/01/2024         | Ē       |
| Request Type:<br>Community Provider                                  | * Separation Date:               | <b></b> |
| Position Category:<br>Professional Licensed/Certified Clinical Staff | Verification Date:<br>07/01/2024 |         |
| Position:<br>RN<br>Save Cancel                                       |                                  |         |

Once the separation is recorded, the employee is removed from the verification list and your roster and placed in the list of separated employees. This list is visible in your Roster by selecting the Employment Status, Separated.

Once you have edited the employment record for all employees on the list who no longer work for your agency, select "**Select All**" at the bottom of the page. This will select the checkbox for all employees who are still working for you remaining on the verification list. (Alternatively, you can check each employee's checkbox individually.)

Select "Verify Selected" and the new verification date will be set to today's date.

| Last Name  | First Name | Position         | Provisional Hire<br>Date | Permanent Hire<br>Date |   |   | Verify Acti   |
|------------|------------|------------------|--------------------------|------------------------|---|---|---|
| OUTH Money | Lotsa      | RN               |                          | 07/01/2024             | 07/01/2024  | 09/01/2024  | Edit  |
| OUTH More  | Monica     | LPN              |                          | 06/26/2024             | 06/26/2024  | 08/26/2024  | Edit  |
|            | OUTH Money | OUTH Money Lotsa | OUTH Money Lotsa RN      | OUTH Money Lotsa RN    | OUTH     Money     Lotsa     RN     Date     D7/01/2024 | OUTH     Money     Lotsa     RN     Date     Date     Date     O7/01/2024 | OUTH     Money     Lotsa     RN     Date     Date     Last Verified     Needed By |



**Note:** If your list of employees is longer than one page, you must select "**Select All**" and "**Verify Selected**" on *each page*.

## Search

You can search for an applicant or application by going to **Search** on the navigation bar. You can search by using an applicant's social security number and either their last name or date of birth, or by using their application number.



## Searching for a Person Using Personal Information

Go to **Search > Person Search** on the navigation bar.



The **Person Search** screen appears. Enter the applicant's **SSN** and either their **Last Name** or **Date of Birth** and select "**Search**". You must have the applicant's personal information to search for them.

| Home      | Applications    | Employees   | Search | Reports | Admin |                   |   |
|-----------|-----------------|-------------|--------|---------|-------|-------------------|---|
| Person Se | earch   Applica | tion Search |        |         |       |                   |   |
| Person    | Search          |             |        |         |       |                   |   |
| Enter Se  | arch Criteria   |             |        |         |       |                   |   |
| * Requii  | red             |             |        |         |       |                   | 1 |
| * SSN:    |                 | AND Last    | Name:  |         |       | OR Date of Birth: |   |
| Sea       | rch             |             |        |         |       |                   |   |

If the applicant has a record in CheckPT, the search will return the applicant's **Person Summary** page. If the applicant is not in the system, a message indicating that the person was not found will return.

| Profile         Oppose         Description           constraint         Description         Description  | Ionica    | More XXX-X       | x-4441 1/12/      | 1989   |  |
|--|-----------|------------------|-------------------|--|--|
| Profile         Oppose         Description           reserved and Demographic Information         second and demographic Information           reserved and reserved and demographic Information         second and demographic Information           reserved and re   | Ionica    | PIOLO, AAA-A     | × +++1, 1/12)     | 1909   |  |
| Addresses         SN:           Marcine         SN:           Marcin   |           |                  |                   |  | Employment Authorization For                               |
| Note::::::::::::::::::::::::::::::::::::   | rofile    | Applications     | Employment        | Documents  |  |
| biology with a logy with   | ersonal   | and Demogra      | phic Informatic   | n  |  |
| Bits     Case of series       List Rese     Rese       Start     Rese       Start     Rese       Balance     Series       Address     Series       Series     Series       Address     Series       Address     Series       Series     Series       Address     Series       Series     Series       Address     Series       Series     Series </td <td>First P</td> <td>lame:</td> <td></td> <td>SSN:</td> <td></td>  | First P   | lame:            |                   | SSN:   |  |
| <ul> <li>Li2109</li> <li>Li2109</li></ul>  | Monica    |                  |                   | XXX-XX-4441 This is an ITIN: Yes                   |  |
| Note     Status America       Suffic:     Condering       Permane/Physical Address     Amile       Address Line 2)     Status Construction       14 Jame 2)     Status Construction       Other     Status Construction       Status Construction     Status Construction       Other     Status Construction       Status Construction     Status Construction       Status Construction     Status Construction  | Middle    | e Name:          |                   |  |  |
| Suffic     Candar       Permanent/Vendomse     Molica       Address (sin 2)     So Control       Control   |           | lame:            |                   |  |  |
| Permanent/Physical Addres         Immit           descretion is for addression is addressint is addressint is addression is addression is addressint is ad   |           |                  |                   |  |  |
| Series and Provide an option of the series of the  | Suffix    | :                |                   |  |  |
| Ale for an a for a set of a  | Perm      | anent/Physica    | Address           |  |  |
| Index come 2:         Nail Color:           Group         Brown           Constr         Hights           State         Soft           Specifie         Soft           2015         Weight           Specifie         Soft           Soft         Soft           Soft         Soft           Soft  |           |                  |                   |  |  |
| mean man and set of the set of t  | 14 Fari   | m Road           |                   |  |  |
| Chy     Najdat       Cisk     37       State     S7       Groups     37       20 Color     Country of Cisenahy:       20 Color     Country of Cisenahy:       20 State     Pice of State / America       Place of State / America     Pice of State / America       Place of State / America     Pice of State / America       Place of State / America     Pice of State / America       Place of State / America     Pice of State / America       Place of State / America     Pice of State / America       Place Of State / America     Pice of State / America       Place Of State / America     Pice of State / America       Place Of State / America     Pice of State / America       Place Of State / America     Pice of State / America       Place / State / America     Pice of State / America       Place / State / America     Pice of State / America       Place / State / America     Pice / Addresse       Place / State / America     Pice / Addresse <td>Addre</td> <td>ss Line 2:</td> <td></td> <td></td> <td></td>   | Addre     | ss Line 2:       |                   |  |  |
| tability of the set o  |           |                  |                   |  |  |
| State<br>Output     Weights<br>Display       Output     13       Zap Codu     Country of Circumbus       Unit Status of Annual Status of An  | Cattle    |                  |                   |  |  |
| is individual does not have any aliases entered.   |           |                  |                   |  |  |
| Zby Codel<br>Statiant     Country of Classmalling<br>Halling Address     Country of Classmalling<br>Hase of Statish arring<br>Halling Address       Halling Address     Place of Statish<br>Halling Address     Place of Statish<br>Halling Address       Palling Address     Participher Countervision of Address       Participher Countervision of Palling Halling Address     Prior Addresses       Halling Address     Prior Addresses       Halling Address on thave any aliases entered.     This individual does not have any prior addresses entered.   | Georgi    |                  |                   |  |  |
| Anise (Includes all names by which an applicant is currently known or has been Prior Addresses entered.  |           |                  |                   |  |  |
| Mailing Address       Place of intrin-<br>(9,18,112)         Same as Formannet Address:       Placeset<br>intrinsic horts-Plands g.gov         • Preferred Communication Plands g.gov       • Preferred Communication Plands g.gov         • Preferred Communication Plands g.gov       • Preferred Communication Plands g.gov         • Branet       • Drior Addresses   | 30281     |                  |                   |  |  |
| Haling Address US Have I<br>Same as Parmanent Address IV<br>Same as Parmanent Address IV<br>Howen<br>11:1:11:11:11<br>Howen<br>Haling Address IV<br>Howen<br>Haling Address IV<br>Howen<br>Haling Address IV<br>Howen<br>Haling Address IV<br>Haling Add |           |                  |                   |  |  |
| Same as Permanent Address 'ves  Planen  f f f f f f f f f f f f f f f f f f f  |           |                  |                   |  |  |
| Same as Permanent Address: Its 111-111-111<br>* Enable Omistica NormodBMdd ga gov<br>* Photon I Common BMdd ga gov<br>* Photon I C   |           |                  |                   |  |  |
| misita homomobilité du gov<br>* Prénérad Communication<br>Method 29 Journal to<br>Enail<br>Isases/Prior Names (Includes all names by which an applicant ils currently known or has been<br>entified at)<br>Isis individual does not have any prior addresses entered.  | San       | ne as Permanent  | Address: Yes      |  |  |
| Phoferon of communications     Applicate     Email  Isses/Trior Names (Includes all names by which an applicant is currently known or has been Prior Addresses entified as)  This individual does not have any prior addresses entered.  |           |                  |                   | × Email: 🖗   |  |
| Nethode By Jalemais to<br>Brail<br>Email<br>Iased/Prior Names (Includes all names by which an applicant is currently known or has been Prior Addresses<br>entified as) This individual does not have any prior addresses entered.  |           |                  |                   | melissa.thornton@dbhdd.ga.gov                      |  |
| Enal<br>lisses/Trior Mames (Includes all names by which an applicant is currently known or has been Prior Addresses<br>entified as) This individual does not have any prior addresses entered.<br>This individual does not have any aliases entered.   |           |                  |                   | Method By Idemia to                                |  |
| liases/Prior Names (Includes all names by which an applicant is currently known or has been Prior Addresses<br>tentified as) This individual does not have any prior addresses entered.<br>his individual does not have any aliases entered.   |           |                  |                   |  |  |
| lases/Prior Names (Includes all names by which an applicant is currently known or has been Prior Addresses<br>entified as) This individual does not have any prior addresses entered.<br>This individual does not have any aliases entered.  |           |                  |                   |  |  |
| entified as) This individual does not have any prior addresses entered. This individual does not have any prior addresses entered.   |           |                  |                   |  |  |
| entified as) This individual does not have any prior addresses entered. This individual does not have any prior addresses entered.   |           |                  |                   |  |  |
| This individual does not have any prior addresses entered.   |           |                  | udes all names b  | y which an applicant is currently known or has bee | Prior Addresses  |
|  | enofied   | as)              |                   |  | This individual does not have any prior addresses entered. |
| Add Alias Add Prior Address  | his indiv | idual does not h | ave any aliases e | intered.   |  |
|  | Add Alia  | s                |                   |  | Add Prior Address  |

## Searching for a Person by Application or Background Check Number

Go to **Search > Application Search** on the navigation bar.



The **Person Search by Application** page appears. Enter the **Application #** or **Background Check #** and select **Search**. These numbers can be found on the Determination In-Process or Determination Available pages.



The Person Summary page appears.

| Person S  | Summary  |                                       |   |     |  |                               |
|---|--|---------------------------------------|---|-----|--|-------------------------------|
| Monica  | More, XXX-XX   | K-4441, 1/12/                         | 1989  |     |  |                               |
|   |  |                                       |   |     |  | Employment Authorization Form |
| Profile   | Applications   | Employment                            | Documents   |     |  |                               |
| Personal  | l and Demogra  | phic Informatio                       | n   |     |  |                               |
| Last N<br>More<br>Suffix<br>Perm<br>Addre<br>14 Fan | a Name:<br>Name:<br>:<br>nanent/Physica<br>ses Line 1:<br>m Road<br>ss Line 2: | l Address                             | SSI:<br>2000/00/441 This lean TTIN: Ins<br>Date of Birth:<br>1/12/1990<br>Race:<br>Native American<br>Gender:<br>Female<br>Eye Color:<br>Groy<br>Hair Color:<br>Brown<br>Height:<br>3/3"<br>Weight:                           |     |  |                               |
|   |  | Address: Ves                          | Country of Citizenship:<br>United States of Americs<br>Place Of Birts:<br>US: Namal<br>Phone:<br>111-111-1111<br>* Email:<br>melissa.horterof.@btdd.gs.gov<br>* Preferred Communication<br>Nethod by I damia to<br>Applicant: |     |  |                               |
| identified  | as)<br>ridual does not h   | udes all names b<br>ave any aliases e | Email<br>y which an applicant is currently known or has be<br>intered.  | ten | Prior Addresses<br>This individual does not have any prior addresses entered.<br>Add Prior Address | Edit                          |

## **Understanding the Person Summary Page**

When a person or application search results in a match, the applicant's **Person Summary** page appears. This page includes the following:

- **Profile Tab** The person's personal and demographic information.
- **Applications Tab** A list of all applications submitted by the person for your agency and a list of associated background checks conducted.
- **Employment Tab** A history of your agency's employment information for the person.
- **Documents Tab** Documents generated for the person during the application and background check process.

## **Profile Tab**

From the **Profile** tab, you may:

- View and edit detailed information about the person, including personal and demographic information, alias, and prior address information.
- Add new alias/prior name information.
- Add prior addresses that were not previously recorded.



**Note**: If the person's last name, SSN, or DOB have been entered incorrectly, you must contact DBHDD to have it corrected. Provider users cannot edit these fields.

To edit information, select "Edit" and make the required changes.

| Profile   | Applications   | Employment      | Documents  |
|---|--|-----------------|--|
| Persona   | l and Demogra  | ohic Informatio | n  |
| Sun<br>Middl  | Name:<br>le Name:<br>Name:                               |                 | SSN:           XXXX-XX25333           This is an ITIN: Yus           Date of Birth:           5/1/1900           Race: |
| Shine<br>Suffix<br>Pern                                     |  | l Address       | Whte/Hispanic Descent<br>Gender:<br>Female   |
| Addre<br>589 W<br>Addre<br>City:<br>Happy<br>State<br>Georg | ess Line 1:<br>/est Road<br>ess Line 2:<br>/<br>::<br>ia |                 | Eye Color:<br>Blue<br>Hair Color:<br>Blonde<br>Height:<br>5'3"<br>Weight:  |
|   |  | Address: Yes    | Country of Citizenship:<br>United States of Birth:<br>US: Massachusetts<br>Phone:<br>404-275-7660<br>▲ funit: ●        |
|   |  |                 | It2189mtBgmail.com * Preferred Communication Applicant: Emai Edit Edit Edit Edit                                       |

To add alias/prior names, select "**Add Alias**". A pop-up will open. Enter the information and select "**Save**".

| Add Alias                          |  |
|------------------------------------|--|
| At least one field must be entered |  |
| First Name:                        |  |
| Middle Name:                       |  |
| Last Name:                         |  |
| SSN:                               |  |
| Date of Birth:                     |  |
| Earcel                             |  |

To add prior addresses, select "**Add Prior Address**". A pop-up will open. Enter the information and select "**Save**".

| Add Prior Address  |    |
|--|----|
| * <i>Required</i><br>Prior address should be within the last 5 yea | rs |
| City:<br>* State:  |    |
| * Year From:   |    |
| * Year To:   |    |
| Save   |    |

Once all information has been updated, select "**Save**".

| ersonal and Demographic Informa          | tion   |  |        |
|--|--|--|--------|
| Required                                 |  |  |        |
|  |  |  |        |
| * First Name:<br>Sun                     | SSN:<br>XXX-XX-7888 This is an ITIN: Yes               |  |        |
|  |  |  |        |
| Middle Name:                             | Date of Birth:<br>5/1/1980                             |  |        |
| Last Name:                               | * Race:  |  |        |
| Shine                                    | White/Hispanic Descent                                 |  |        |
| Suffix:                                  | * Gender:  |  |        |
| Sumo:                                    | Female   |  |        |
|  | * Eye Color:   |  |        |
| Permanent/Physical Address               | Blue   |  |        |
| * Address Line 1:<br>589 West Road       | * Hair Color:  |  |        |
|  | Blonde   |  |        |
| Address Line 2:                          | * Height:  |  |        |
| * City:                                  | 5'3" ~   |  |        |
| Happy                                    | * Weight:  |  |        |
| * State:                                 | 120  |  |        |
| Georgia Y                                | * Country of Citizenship:                              |  |        |
| * ZIp Code:                              | United States of America Y                             |  |        |
| 30228                                    | * Place Of Birth:                                      |  |        |
|  | US: Massachusetts                                      |  |        |
|  | * Phone:   |  |        |
| Mailing Address                          | 404-275-7669   |  |        |
| Same as Permanent Address                | * Email: 😧   |  |        |
|  | kb21899mt@gmail.com                                    |  |        |
|  | * Preferred Communication                              |  |        |
|  | Method By Idemia to                                    |  |        |
|  | Applicant:   |  |        |
|  | emaii  |  |        |
|  |  |  |        |
|  |  |  | Cancel |
| liases/Prior Names (Includes all names   | s by which an applicant is currently known or has been | Prior Addresses  |        |
| dentified as)                            |  |  |        |
|  |  | This individual does not have any prior addresses entered. |        |
| This individual does not have any allase | s entered.   |  |        |

## **Applications Tab**

The status of applications and the background checks can be seen on the **Applications** tab on the **Person Summary** page.

From the **Applications** tab, you may:

- View **Applications** (and their statuses) associated with the person.
- Record employment information from the **Actions** column.

Below is an example of the **Applications** tab. The table tells us the following:

- The Background Check number is **10003** and has a status date of **6/17/24**, and a determination of **Eligible**.
- The application was submitted on **5/21/2024** for **Dawgs Staffing** for the position of **RN**. The application number is **100003**.

To add employment or change someone's position, select the "**Add Employment**" link in the **Actions** column.

| Profile Applications Employment Documents  |            |                            |             |                          |                  |                  |         |      |  |  |  |
|--|------------|----------------------------|-------------|--------------------------|------------------|------------------|---------|------|--|--|--|
| Background Check #: 10003 (Fingerprint Based)<br>Reason for Fingerprinting: Contractors Providing Care/Treatment |            |                            |             |                          |                  |                  |         |      |  |  |  |
| Process Determination Status<br>Started  |            |                            | Status Date | Wait Reason              |                  | Wait Reason Date |         | UEID | Service Code   |  |  |
| 5/21/2024  | Eligible   |                            | 6/17/2024   |                          |                  |                  |         |      |  |  |  |
| C Applications Associated with this Background Check   |            |                            |             |                          |                  |                  |         |      |  |  |  |
| Application # - Application Status Appl<br>Type  |            | Application Submitted Date | Provider    | Position                 | License Type - # | Documents        | Actions |      |  |  |  |
| 100003   | Determinat | ion Available 0            | 5/21/2024   | 1/2024 Dawgs Staffing RN |                  |                  |         |      | Upload Document<br>Spload Document or State Review<br>Add Employment |  |  |
|  |            |                            |             |                          |                  |                  |         |      |  |  |  |

The **Add Employment** pop-up will appear. You can add the **Hire Date** and select "**Save**" which will add the person to your Roster.

You can change the person's position by selecting a new position category and position.

| Add Employment                           |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Blanket Statement, XXX-XX-9124, 5/1/1988 |  |  |  |  |  |  |  |  |
| * Provider:                              |  |  |  |  |  |  |  |  |
| Dawgs Staffing 🗸                         |  |  |  |  |  |  |  |  |
| * Position Category:                     |  |  |  |  |  |  |  |  |
| Professional Licensed/Certified Clinic ~ |  |  |  |  |  |  |  |  |
| * Position:                              |  |  |  |  |  |  |  |  |
| RN ~                                     |  |  |  |  |  |  |  |  |
| * Hire Date:                             |  |  |  |  |  |  |  |  |
| in 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 |  |  |  |  |  |  |  |  |
| Save Cancel                              |  |  |  |  |  |  |  |  |

## **Employment Tab**

From the **Employment** tab, you can view and edit employment information for the person. On the screenshot below, the person has been hired **permanently** at **Behavioral Health Services of South Georgia** as an **LPN**. You can edit this information by selecting "**Edit**".

| Profile       | Applicatio | ns   | Employment        | Documents      |          |          |           |                    |        |
|---------------|------------|------|-------------------|----------------|----------|----------|-----------|--------------------|--------|
| Application # |            |      |                   | 1              | Provider | Position | Status    | Separation<br>Date | Action |
| 100562        |            | BEHA | VIORAL HEALTH SER | VICES OF SOUTH | GEORGIA  | LPN      | Permanent |                    | Edit   |

An Edit Employment pop-up will appear. You can edit the **Employment Status** and **Hire Date**.

If the employee is no longer working for you, select "**Separated**" for **Employment Status** and enter the **Separation Date** and select **Save**.

| Edit Employment  |                                  |         |
|--|----------------------------------|---------|
| Bright Angel, XXX-XX-5877, 6/4/1995                                  |                                  |         |
| * Required<br>* Employment Status:<br>Permanent                      | Provisional Hire Date:           | Ē       |
| Provider:<br>BEHAVIORAL HEALTH SERVICES OF SOUTH GEORGIA             | * Hire Date:<br>07/22/2024       |         |
| Request Type:<br>Community Provider                                  | Separation Date:                 |         |
| Position Category:<br>Professional Licensed/Certified Clinical Staff | Verification Date:<br>07/15/2024 | <b></b> |
| Position:<br>LPN   |                                  |         |
| Save Cancel  |                                  |         |

## **Documents Tab**

From the **Documents** tab, you can view generated letters for the person. Select the hyperlink of the document name in the **Document Name** column to access the document. The letter will appear in a new window, and you can save or print the letter for your records.

| Profile  | Applications  | Employment    | Documents      |  |                             |  |           |              |                  |  |
|--|---|---------------|----------------|--|-----------------------------|--|-----------|--------------|------------------|--|
|  | Background Check #: 100057<br>Generated Forms, Letters, and Reports |               |                |  |                             |  |           |              |                  |  |
| Docun  | nent Type   | Application # | Provider       |  | Document Name               |  | File Size | Generated By | Generated On     |  |
| Application  | 58  | C             | awgs Community |  | GADBHDD Eligible Letter.pdf |  | 56.0KB    | TasksService | 5/8/2024 1:01 PM |  |
| Uploaded Documents<br>There are no Uploaded Documents                            |   |               |                |  |                             |  |           |              |                  |  |
| Documents Available for Generation<br>No documents are available for generation. |   |               |                |  |                             |  |           |              |                  |  |