



**Georgia Department of  
Behavioral Health and Developmental Disabilities**

## **CheckPT Applicant User Guide**

---

January 21, 2025

## Contents

<b>INTRODUCTION .....</b>	<b>3</b>
<b>REGISTRATION.....</b>	<b>3</b>
<b>LOGIN .....</b>	<b>6</b>
<b>CREATE A NEW APPLICATION .....</b>	<b>9</b>
PROFILE PAGE .....	11
VERIFY IDENTITY.....	11
ADDRESS VERIFICATION .....	13
PRIOR NAMES .....	15
RELEASE OF INFORMATION.....	16
APPLICATION SUMMARY .....	17
<b>APPLICANT HOME PAGE .....</b>	<b>18</b>
WITHDRAWALS .....	19
<b>SCHEDULING APPOINTMENT IN IDEMIA/IDENTOGO .....</b>	<b>20</b>
<b>GEORGIA NON-RESIDENT FINGERPRINT CARD PROCESS .....</b>	<b>24</b>
<b>OUTCOMES FROM FINGERPRINTS .....</b>	<b>29</b>
<b>ACCOUNT MANAGEMENT.....</b>	<b>29</b>

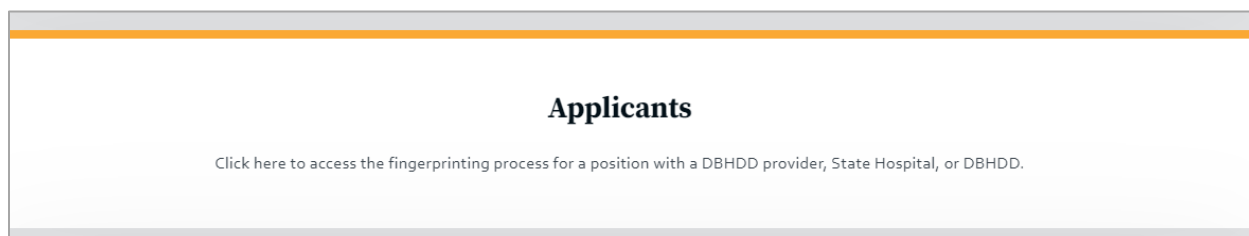
## Introduction

Thank you for your interest in applying for a position within the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) provider network. DBHDD requires certain applicants to complete a fingerprint-based, background check in accordance with DBHDD Policies 04-104, 04-111, 22-504, or 22-505. Follow the instructions in this guide so the DBHDD Background Check System ([CheckPT](#)) can process your request.

## Registration

You are required to create an account with CheckPT to complete the application process. This account will allow you to view and manage your application and see your eligibility determination.

Navigate to the Applicant Login Page for [CheckPT](#) (<https://dbhddcheckpt.com/>). Select **“Applicants”**.



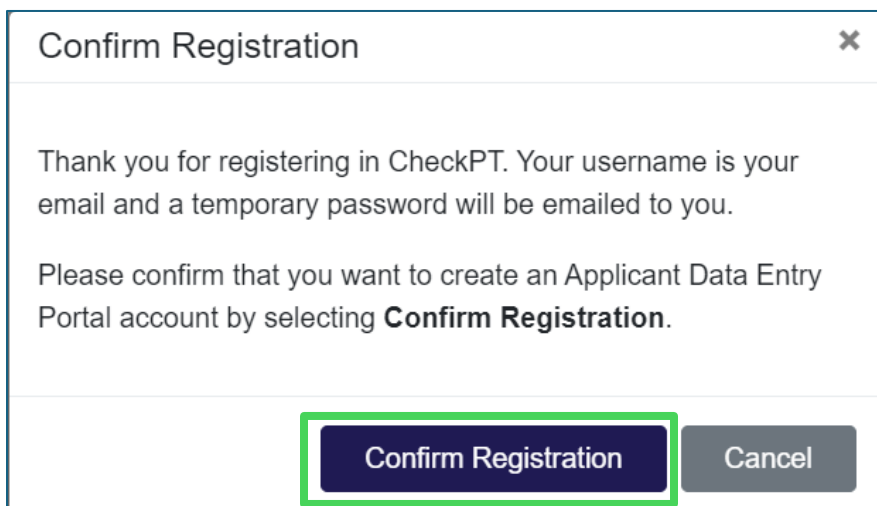
Select **“Register as a new user”** if this is your first-time logging into CheckPT.



If you have previously created an account in CheckPT, please skip to the **Create a New Application** section of this user guide.

Enter your information into the boxes. All boxes marked with an asterisk (\*) are required. Once all your relevant information has been entered, select **“Register”** to move to the next page.

You will see a pop-up that confirms your registration, select “**Confirm Registration**” to complete the registration.

A modal dialog box titled "Confirm Registration" with a close button (X) in the top right corner. The text inside reads: "Thank you for registering in CheckPT. Your username is your email and a temporary password will be emailed to you. Please confirm that you want to create an Applicant Data Entry Portal account by selecting **Confirm Registration**." At the bottom, there are two buttons: "Confirm Registration" (highlighted with a green border) and "Cancel".

Confirm Registration

Thank you for registering in CheckPT. Your username is your email and a temporary password will be emailed to you.

Please confirm that you want to create an Applicant Data Entry Portal account by selecting **Confirm Registration**.

Confirm Registration Cancel

After confirming registration, you will see a confirmation page. Select the “**Back to Login page**” link to navigate back to the Login page.


A confirmation page with a gold header bar that says "Registration Confirmed". Below the header, it says "[redacted]@improving.com is now Registered." In the bottom right corner, there is a green button labeled "Back to Login page".

Registration Confirmed

[redacted]@improving.com is now Registered.

Back to Login page

If you receive an error message because your email has already been used to register, login to CheckPT and skip to the “**Create a New Application**” section of this user guide.

A form field for email registration. It has a red asterisk and the label "Email:". The input field contains "[redacted]@dbhdd.ga.gov". Below the input field, there is a red error message: "Email / Username already in use.".

\* Email:

[redacted]@dbhdd.ga.gov

Email / Username already in use.

You will receive an email with a temporary password. The email will be sent to **the email address you entered** when you registered in CheckPT. Use your email address as your username and the temporary password to log in.

You can now log into DBHDD CheckPT UAT. This is a secure website that can be accessed at: <https://dbhddcheckpt.com/applicant>. In order to login, you must enter an Email and Password. Your auto-generated password is listed below.

Password: **RzTERG5\$**

When you log into the system the first time, you will be prompted to change your password. For additional assistance, please contact your hiring agency.



**Note:** It is recommended that you do **NOT** copy/paste the temporary password. Incorrect special characters and extra spaces will cause the system to see it as the wrong password and possibly disable your account. Please reach out to the hiring provider if you need assistance to change your password. **DO NOT** register for a new account.

## Login

Log in using your email address as your Username and the temporary password you received in the email. Select “**Login**”.

The screenshot shows the 'Login' page of the DBHDD CheckPT UAT system. The page has a yellow header with the word 'Login'. On the left, there is a text block for new users. On the right, there are input fields for 'UserName / Email Address' and 'Password', both marked as required. The email address field contains '@improving.com'. Below the password field is a 'Forgot Password / Unlock' link. A green box highlights the 'Login' button. At the bottom, there is an 'OR' separator and a 'Register as a new user' button.

**Login**

If you are a new user, click Register and enter all required information. You will receive an email with a temporary password. Navigate back to CheckPT and enter your username (email address) and the temporary password.

\* Required

\* UserName / Email Address:

\* Password:

[Forgot Password / Unlock](#)

**Login**

OR

[Register as a new user](#)

Read the Terms and Conditions. Select the “**I accept the Terms and Conditions of the End User License Agreement**” checkbox and then select the “**Accept**” button.



**Terms and Conditions**

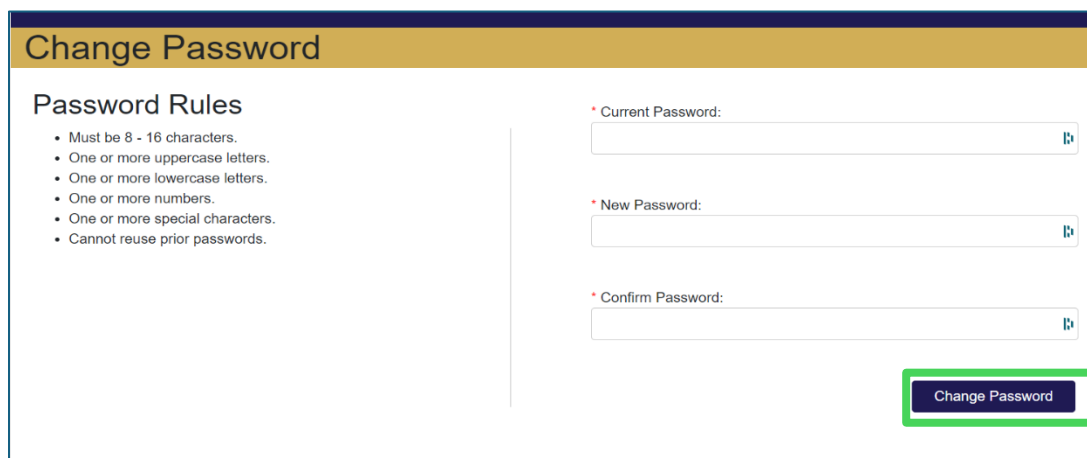
The User agrees to hold DBHDD harmless for any damages, direct or indirect, and free of liability of any kind with regard to any and all information obtained through the use of this service. DBHDD shall not be responsible for the accuracy of information nor has any liability for defamation, invasion of privacy, negligence, or any other claim in connection with any dissemination of information or determination based thereon. Furthermore, in no event will DBHDD be liable to you for any third party loss of profits, lost data, interruption of business or special punitive, indirect, incidental or consequential damages of any kind arising out of the use or inability to use the registry and background check system or any information supplied therewith, or for any claim by any other party even if DBHDD has been advised of the possibility of such loss or damages, are foreseeable.

*By clicking the checkbox (I accept the terms and conditions of the End User License Agreement) below, I acknowledge and confirm that I have read, understand, and accept the terms and conditions as stated in the End User License Agreement.*

☒ \* I accept the Terms and Conditions of the End User License Agreement.

Cancel Accept

Change the temporary password to a password of your choice. The security rules for the new password are listed on the left side of the page. Your new password **MUST** follow **ALL** the rules listed. Once you have entered your password, select “**Change Password**”.



**Change Password**

**Password Rules**

- Must be 8 - 16 characters.
- One or more uppercase letters.
- One or more lowercase letters.
- One or more numbers.
- One or more special characters.
- Cannot reuse prior passwords.

\* Current Password:

\* New Password:

\* Confirm Password:

Change Password

If your password is accepted, you will be directed to the **Security Questions** page, and you will see a banner at the top of the page that says, “**Your Password has been changed**”. On this page, you will select three security questions to answer. You can either select one of the prompted questions or write your own. Enter your answer to the selected question and then confirm your answer in the next box. Once you have completed all three questions and answers, select “**Submit**”.

✓ Your password has been changed

## Security Questions

Select a question below and/or edit the question text

\* Security Question 1:

\* Security Answer 1:

\* Confirm Security Answer 1:

Select a question below and/or edit the question text

\* Security Question 2:

\* Security Answer 2:

\* Confirm Security Answer 2:

Select a question below and/or edit the question text

\* Security Question 3:

\* Security Answer 3:

\* Confirm Security Answer 3:

Submit

You will be navigated to the **CheckPT Home Page**.



# Create a New Application

From the CheckPT Home Page, select “**Create Application**”. Select this option when you are starting a new application for a fingerprint-based background check for a job you are applying for. (Do **not** select this if you already have an application for the background check in process for the same provider.)

## CheckPT Home

Welcome to CheckPT!

This is a State of Georgia application. It is provided to conduct official State business and must be used appropriately. All individuals using this application must follow the appropriate use policy and procedures defined by their individual Agencies or as defined by Georgia Technology Authority's appropriate use policy. All information in the system belongs to the State of Georgia and may be read or monitored by authorized persons. By logging into this application, you agree to abide by all established Enterprise, State and Federal policies governing the appropriate use of State of Georgia resources.

## APPLICATION STATUS

Click on Create Application to start a new application. Follow the instructions from the Provider Letter that includes your Provider's Number.

Create Application

Enter the Provider Number given to you by the provider you're applying with and select “**Search**”. This number can be found on the **Applicant Instruction Form** you received from your provider, or they may have sent it to you separately. If you do not have this information, you will need to contact the provider directly.

## Provider Search

To continue with your background check application, please enter the Provider Number that was provided to you by the provider for which you are applying for employment. If you do not know the Provider Number, click Cancel and contact the provider.

\* Provider Number:

Provider Number is required.

Search

Cancel

Once you have selected “**Search**”, the name of the provider should show on the right-hand side of the screen. If the provider name matches the one you are applying with, select “**Continue Application**” to start your application with this provider.

## Provider Search

To continue with your background check application, please enter the Provider Number that was provided to you by the provider for which you are applying for employment. If you do not know the Provider Number, click Cancel and contact the provider.

\* Provider Number:

**Search** Cancel

Provider: **Community Facility**

**Continue Application** Cancel



**Note:** Some providers use a different name publicly. The legal name will be used in CheckPT. Refer to the Provider Name listed on the **Applicant Instruction Form** given to you by the provider to make sure the Provider Number matches the Provider name result.

## Profile Page

You will be navigated to the **Profile** page where you will enter your demographic information. All fields marked with an asterisk (\*) are required. After entering all required information, select “**Next**”.

### Profile

Enter required information below as marked by asterisks.

* First Name:	Middle Name:	* Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Date of Birth:	* SSN:	* Gender:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* Race:	* Hair Color:	* Eye Color:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* Height:	* Weight:		
<input type="text"/>	<input type="text"/>		
* Place Of Birth:	* Country of Citizenship:		
<input type="text"/>	<input type="text"/>		
* Phone:			
<input type="text"/>			
(required)			
* Email:			
<input type="text"/>			
Applicant's Email Address			



You will **not** be able to change your First Name, Last Name, Date of Birth, Social Security Number, and email address. If you need to change any of these, please contact the provider to correct it.

Save and Close

BackNext



The bottom **left** of the page will have a **Save and Close** button, this will save all your information **up to the page you save on** and allow you to return to the in-progress application later. The **Next** button will move you to the next page of the application.

## Verify Identity

The **Verify Identity** page is where you will upload your identification document (ID).

Take a picture of or scan your ID (state issued driver's license, state issued identification card, US armed forces ID, passport, visa). If accessing the application from a mobile device, you can use your phone camera to take a photo.

Select the type of identity document and select **“Upload Document”**. Find the picture/file, select it, and enter the name of the document, for example, **“GA Driver’s License”**. Select **“Upload Document”**, then select **“Next”**.

Verify Identity

Identity Document

\* Document:

- State Issued Drivers License
- State Issued Identification Card
- United States Armed Forces ID
- Passport
- Visa

Please scan and upload a copy of the photo identification document

Upload Document

Back Next

Withdraw Save and Close



**Note:** If you have previously uploaded a document for a prior application, your document will already be present. You only need to upload a new document if your information has changed. You can delete the document here if needed.

Once the document uploads, it will appear on the screen.

Verify Identity

Identity Document

\* Document:

State Issued Drivers License

Document #:

Expiration Date:

Please scan and upload a copy of the photo identification document

Document	Uploaded by	Uploaded on	Action
Drivers License		04/19/2024	<a href="#">Delete</a>

Upload Document

Withdraw Save and Close Back Next



**Note:** If you have a challenge uploading your document, see if you can reduce the file size of the document and ensure it is a common file type such as pdf, jpeg, etc.

## Address Verification

Next, you will enter your Physical Address. Your **Physical Address** is where you **live**, and your Mailing Address is where you receive your mail. Enter your physical address **as it appears on your ID**. Select **“Next”**.

### Physical Address

Enter your physical address as it appears on your ID.

\* Address Line 1:  
123 Main St.

Address Line 2:

\* City:  
Hollywood

\* State:  
Georgia

\* Zip Code:  
30303

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

Verify your **Mailing Address**. If your mailing address is **different** from your physical address, you will need to uncheck the box at the top of the **Mailing Address** page so you can enter the additional address. Once entered, select **“Next”**.

### Mailing Address

Enter your mailing address if it is different from your physical address. If it is the same as your physical address, check the box.

☒ *Mailing Address is same as Permanent Address*

If you have lived in a **different State** in the last **5 (five) years**, you need to enter your prior address into the **Prior Address** page and select “**Add this previous address**”. Repeat this as many times as needed to reflect your prior addresses in other states for the past five years. They will display at the top of the page.

The screenshot shows the 'Prior Address' form. On the left, there is a large text area for notes. On the right, there are input fields for State, City, Year From, and Year To. A dark blue button labeled 'Add this previous address' is highlighted with a green rectangle. Below these fields is a checkbox labeled 'I have not lived in another State during the specified time frame.' At the bottom, there are buttons for 'Withdraw', 'Save and Close', 'Back', and 'Next'.

If you have not lived in another state in the past five years, you can check the box that says “**I have not lived in another State during the specified time frame**”. Select “**Next**”.

This screenshot shows the same 'Prior Address' form. In this instance, the checkbox labeled 'I have not lived in another State during the specified time frame.' is highlighted with a green rectangle. The 'Add this previous address' button is no longer highlighted. At the bottom, the 'Next' button is also highlighted with a green rectangle, indicating the next step in the process.

## Prior Names

If you have any prior names or aliases (such as a maiden name), pay close attention to this page.

If you have previously entered these aliases in another step, review that information at the top of the page.

First	Middle	Last	SSN	Date of Birth
Blue				


  

First Name:

Middle Name:

Last Name:

SSN:

Date of Birth:  

If you have not entered the information, or some are missing, you need to enter them on this page and select **“Add this name or alias”**. Otherwise, check the box that says, **“I have never been known by any other names or aliases”**. Select **“Next”**.

### Prior Name

Enter any different names you have used, like maiden names or aliases. Enter any different social security numbers or dates of birth used.

First Name:

Middle Name:

Last Name:

SSN:

Date of Birth:

☐ I have never been known by any other names or aliases.



**Note:** If you no longer wish to move forward with the application process, you can select **Withdraw** to close the application and end the application process. This will **delete** all information you submitted and **CANNOT** be undone.

## Release of Information

On the Release of Information (ROI) page, you will need to read and check all boxes to acknowledge each statement.

At the bottom of the ROI is a statement related to privacy rights. Select the “**Privacy Rights**” link. This will open a new window. Read the privacy rights information. Navigate back to CheckPT and check the box to acknowledge that you have read the privacy rights. After all boxes on this page have been checked, select “**Next**”.

### Release of Information

**Fingerprint-Based Criminal History Information Release Form**

I certify that as of the date of this application:

- ☒ have acknowledged and provided consent to the required fingerprinting authorization form and consent and disclosure form
- ☐ I acknowledge the aforementioned required forms will be retained by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
- ☐ I understand that my consent for a background check is voluntary, however, I also acknowledge that my refusal to provide such authorization will remove me from further consideration for the position for which I have applied
- ☐ I certify that the information on this form is accurate and truthful. I understand that if I falsify any information required to be furnished to conduct the screening and/or background check, it may result in criminal and/or civil penalties
- ☐ I consent to registry screening and a fingerprint-based background check
- ☐ I understand that I must provide fingerprint impressions to be submitted to complete my application submission. If I fail to provide the fingerprint impressions within 30 days of the date of this application, my submission will be withdrawn, and I will have to submit another application and make another payment
- ☐ I hereby authorize the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency or registry
- ☐ I authorize the submission or transmission of my fingerprints for the purposes of registry screening and finger-print based background check, including but not limited to criminal history, in connection with my fitness and eligibility for employment. This consent is valid for the duration of my employment and DBHDD may perform periodic criminal history background checks for the duration of my employment
- ☐ I understand that the State and Federal Bureau of Investigations and their officials and employees shall not be legally accountable in any way for providing this information to DBHDD, and I hereby release said agencies and persons from any and all liability which may be incurred as a result of furnishing such information
- ☐ I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining change, correction or updating an FBI identification record are set forth in Title 28 CFR Part 16.34
- ☐ I certify that I am the named applicant with authority to submit this application
- ☐ I authorize DBHDD to process this application. I authorize the background check by submitting this form and I understand that at any time in the future DBHDD may request documentation as evidence that all statements I have made are in fact true. I have read and understand the above certifications
- ☒ **Privacy Rights:** I am aware that a fingerprint-based background check is required for employment with a DBHDD Network Provider, DBHDD Individual Provider, or DBHDD State Office/Hospital. I have read and accepted the terms of the Applicant Privacy Rights and Privacy Act Statement.

WithdrawSave and CloseBackNext



## Application Summary

The final page is the **Application Summary** page, where you will check and make sure all information entered is correct and up to date. If any of the information is **NOT** correct, select **“Edit Application”** to return to your application and correct the information. You will **not** be able to change your **First Name, Last Name, Date of Birth, Social Security Number, and email address**. If you need to change any of these, please contact the provider you are working with. Once everything is correct, select the box that says, **“The above information has been reviewed by me and is true and correct”**. This will enable the **Finish** button, select **“Finish”** to submit your application.

### Application Summary

Your application is not complete until you click the Finish button below to submit and complete the process.

Profile

First Name:  
**Bright**

Date of Birth:  
**6/4/1955**

Race:  
**White/Hispanic Descent**

Height:  
**5'9"**

Place Of Birth:  
**US: HAWAII**

Phone:  
**122-456-4785**

Email:  
**mellisa.thornton@doadd.ga.gov**

Middle Name:

SSN:  
**788-45-5877**

Hair Color:  
**Red**

Weight:  
**150**

Last Name:  
**Angel**

Gender:  
**Female**

Eye Color:  
**Green**

Country of Citizenship:  
**UNITED STATES**

Suffix:

Address

Address Line 1:  
**12345 South Street**

State:  
**Georgia**

Address Line 2:

Zip:  
**30222**

City:  
**Paradise**

Mailbox Address

Address Line 1:  
**12345 South Street**

State:  
**Georgia**

Address Line 2:

Zip:  
**30222**

City:  
**Paradise**

Aliases

First	Middle	Last	SSN	Date of Birth
		Smith		

Previous Addresses

No Reported Previous Addresses

Position

Provider:  
**Owaga Community**

Position:

Position/Category:

Identity Verification

Document Type:  
**State Issued Drivers License**

Document Number:

Issuing Authority:

☐ \*The above information has been reviewed by me and is true and correct.

[Withdraw](#) [Save and Close](#)

[Edit Application](#)

[Back](#) [Finish](#)

# Applicant Home Page

After submitting your application, you will be redirected back to the **CheckPT Home Page**. Here you will be able to see your application's progress and create new applications.

## APPLICATION STATUS

### Application In Process

Application #: 55  
Facility: Community Facility  
Submitted Date: 04/19/2024

Document(s):

Unread	Document Name	Date Added	Added By
	<a href="#">Drivers License</a>	04/19/2024	John Doe

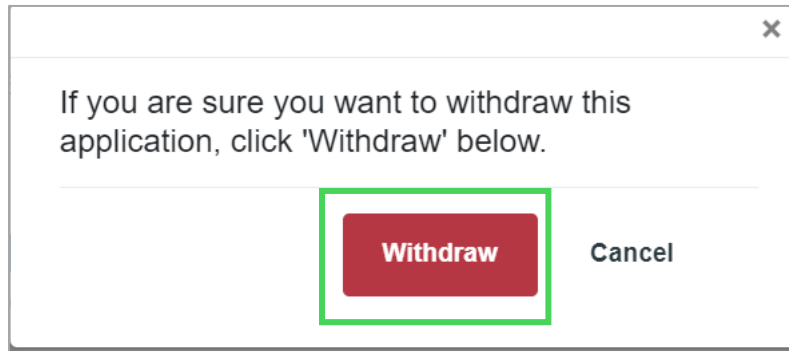
Upload Document

Withdraw

## Withdrawals

You can Withdraw an application at any time, prior to fingerprinting, by selecting **“Withdraw”**.

You will see a pop-up that confirms that you want to withdraw your application, select **“Withdraw”** to withdraw application.



After your application has been withdrawn, it will show under **Closed Applications** on the **Applicant Home Page**.

**APPLICATION STATUS**

**Application In Process**  
Application #: 100559  
Provider: Davys Individual  
Submitted Date: 06/24/2024  
Determination Status: Not Yet Requested - 6/24/2024

Document(s):

Unread	Document Name	Date Added	Added By
	<a href="#">Drivers license</a>	06/24/2024	Bright Angel

Upload Document

Withdraw

**Closed Applications**  
Applications that are complete or that have been withdrawn.  
Application #: 100558  
Provider: Community Facility  
Submitted Date: 06/24/2024  
Determination Status: Closed

Document(s):

Unread	Document Name	Date Added	Added By
	<a href="#">Drivers license</a>	06/24/2024	Bright Angel

## Scheduling Appointment in Idemia/IdentoGO

After the provider reviews and approves your application, you will receive an email from Idemia/IdentoGO. Click on the link in the email to navigate to the Idemia/IdentoGO site to schedule an appointment to be fingerprinted.

**GEORGIA**

**Enrollment Pre-Approved**

Hello Jane Cloud,

Your fingerprint registration is approved. You are now ready to schedule a fingerprint appointment at an IDEMIA collection site.

[SCHEDULE APPOINTMENT](#)



**IMPORTANT:** Your application will not proceed without fingerprints.

Enter your **Date of Birth** and **Last Name** in the **Continue Enrollment** pop-up. The **UEID** will auto-populate when you use the link from the email. Select **“Continue”**.

If the UEID did not prepopulate or you accessed this screen a different way, the UEID can be found in the email from Idemia.

**Continue Enrollment**

To look up previous enrollments and manage upcoming 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 \*

UE ID \*

[CANCEL](#) [CONTINUE >](#)

The system will automatically route you to the Schedule Appointment page. Enter your zip code, city, or airport code and select “**Search**”. Note that you can adjust the radius range of the search and sort by closest vendor or soonest appointment.

1 Schedule Appointment 2 Review 3 Payment & Confirmation

### SCHEDULE APPOINTMENT

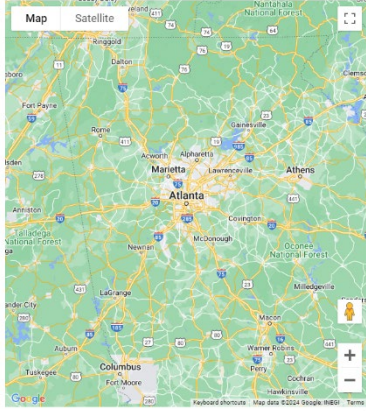
Find a convenient time and place for you to complete your in-person enrollment appointment. If you're not ready to schedule at this time, you can also walk-in to a center at your earliest convenience. Please note that scheduled appointments will be prioritized.

Select a location near you

☐ Show closest ☒ Show soonest available

Search by zipcode, city or airport code\* 30228 X Radius\* 10 miles

SEARCH



A list of available sites will display. Select a site.

Select a location near you

☐ Show closest ☒ Show soonest available

Search by zipcode, city or airport code\* 30228 X Radius\* 25 miles

SEARCH

**Host- Hilton Garden** 39 miles

7890 Mall Ring Rd, Lithonia, GA 30038

Next Available Appointment: 9/25/24 at 8:00 AM

**Just Peachy Home Care LLC** 39.1 miles

550 Fairburn Rd, Atlanta, GA 30331

Next Available Appointment: 9/25/24 at 8:00 AM

**Safe Start DUI and Defensive Driving LLC** 14 miles

165 Bradford Square, Fayetteville, GA 30215

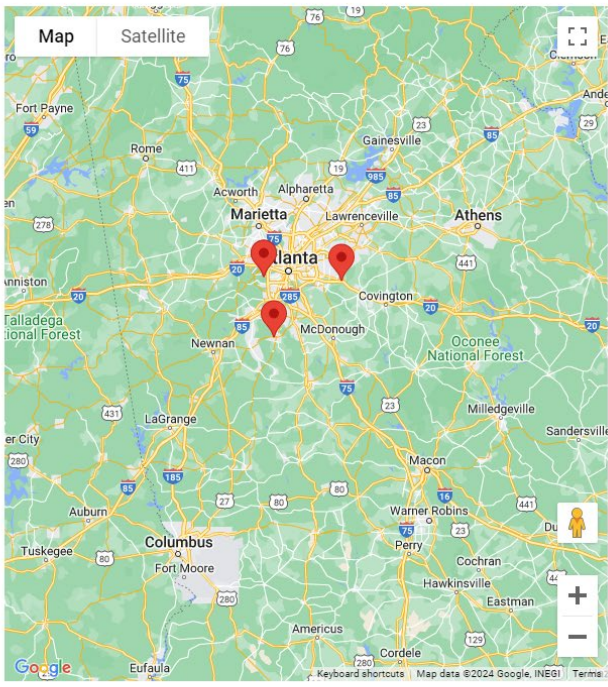
Next Available Appointment: 9/25/24 at 8:10 AM

**Just Peachy Home Care LLC** 39.1 miles

550 Fairburn Rd, Atlanta, GA 30331

CANCEL ENROLLMENT

CONTINUE >



A list of available appointments will display. Select the appointment date and time you want.

Host- Hilton Garden  
7890 Mall Ring Rd, Lithonia, GA 30038  
Next Available Appointment: 9/25/24 at 8:00 AM

details

**Schedule Appointment**

Date  
09/25/2024

9/25/24 at 8:00 AM  
9/25/24 at 8:10 AM  
9/25/24 at 8:20 AM

This screenshot shows a 'Schedule Appointment' pop-up. At the top, it displays the host name 'Host- Hilton Garden', the address '7890 Mall Ring Rd, Lithonia, GA 30038', and the distance '39 miles'. Below this, the text 'Next Available Appointment: 9/25/24 at 8:00 AM' is shown. A 'details' link is present. The main section is titled 'Schedule Appointment' and features a date selector set to '09/25/2024'. Below the date selector, three appointment options are listed: '9/25/24 at 8:00 AM', '9/25/24 at 8:10 AM', and '9/25/24 at 8:20 AM'. The first option is highlighted with a green box.

A pop-up will appear. Review the appointment details. If correct, select “**Confirm**”. If not correct or you want to select another appointment date/time or location, select “**Back**”.

details

**Confirm Appointment**

Host- Hilton Garden  
7890 Mall Ring Rd, Lithonia, GA 30038  
9/25/24 at 8:00 AM

Back Confirm

This screenshot shows a 'Confirm Appointment' pop-up. It displays the host name 'Host- Hilton Garden', the address '7890 Mall Ring Rd, Lithonia, GA 30038', and the appointment time '9/25/24 at 8:00 AM'. At the bottom, there are two buttons: 'Back' and 'Confirm'. The 'Confirm' button is highlighted with a green box.

A second pop-up will appear. Review the appointment details. If correct, select “**Yes, Confirm**”. If not correct or you want to select another appointment date/time or location, select “**No, Cancel**”.

If “**No, Cancel**” is selected, you will need to go back through the steps above to select an appointment location, date, and time.

Confirm Appointment

Ensure your appointment location and time are correct. Use the 'NO, CANCEL' button to edit this appointment. If you would like to choose another appointment, select the 'X'.

Host- Hilton Garden  
7890 Mall Ring Rd, Lithonia, GA 30038  
09/25/2024 at 8:00 AM EDT

NO, CANCEL YES, CONFIRM

This screenshot shows a 'Confirm Appointment' pop-up with a close button (X) in the top right corner. It contains instructions: 'Ensure your appointment location and time are correct. Use the 'NO, CANCEL' button to edit this appointment. If you would like to choose another appointment, select the 'X'.' Below the instructions, the appointment details are listed: 'Host- Hilton Garden', '7890 Mall Ring Rd, Lithonia, GA 30038', and '09/25/2024 at 8:00 AM EDT'. At the bottom, there are two buttons: 'NO, CANCEL' and 'YES, CONFIRM'. The 'YES, CONFIRM' button is highlighted with a green box.

Once you confirm your appointment, the Review Enrollment Application screen will appear. If everything is correct, select “**Continue to Payment**”.

GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES (DBHDD)

Contractors Providing Care/Treatment

1 Schedule Appointment ————— 2 **Review** ————— 3 Payment & Confirmation

**Please review and submit your application**

Your application has not been submitted yet. Please review and submit it below.

### REVIEW ENROLLMENT APPLICATION

**Appointment Details** EDIT APPOINTMENT

Please review your scheduled appointment below.

APPLICATION TYPE	DATE AND TIME	APPOINTMENT LOCATION
Contractors Providing Care/Treatment	09/25/2024 8:00 AM EDT	7890 Mall Ring Rd, Lithonia , GA 30038

[CANCEL ENROLLMENT](#) [< BACK](#) [CONTINUE TO PAYMENT >](#)



**NOTE:** If the provider paid for the background check, you will **not** need to enter payment information. A coupon code will automatically be entered.

If you are paying for your background check, select your “**Payment Method**” and select “**Pay and Submit**”.

GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES (DBHDD)

Contractors Providing Care/Treatment

1 Schedule Appointment ————— 2 Review ————— 3 **Payment & Confirmation**

### PAYMENT

Please note that payment is required for your enrollment. Credit Card is the preferred method of payment. If made out to “IDEMIA” and for the exact transaction amount, the following will be accepted: money orders, company checks, and certified/cashier’s checks. Cash and personal checks are NOT accepted in-person.

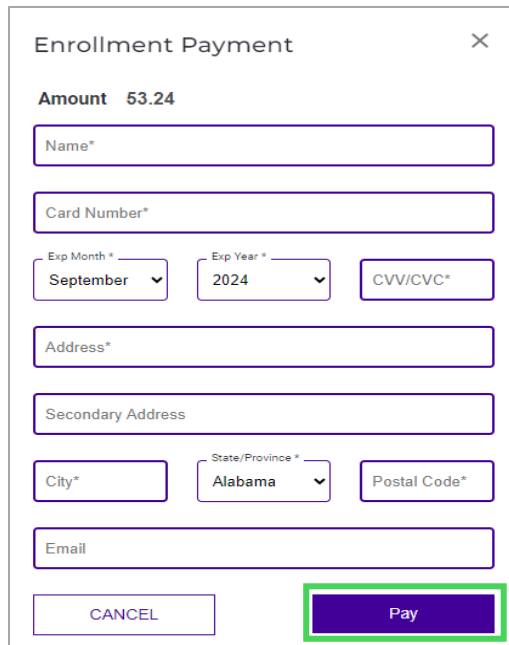
PAYMENT METHOD	SERVICES	SERVICE COST
<input checked="" type="radio"/> Credit Card	<b>TOTAL</b>	<b>\$53.24</b>
<input type="radio"/> eCheck		

If you have a payment voucher or coupon code, enter it below before continuing.

[APPLY](#)

[CANCEL ENROLLMENT](#) [< BACK](#) [PAY AND SUBMIT](#)

Enter your payment information and select **“Pay”**.



A confirmation email from Idemia will be sent to your email address you registered with. The email will include your **Appointment Details**, **Payment Summary**, and a list of **Identification Documents**. You must take one of the Identification Documents with you to your appointment.

Go to your appointment to be fingerprinted. A Georgia and FBI background check will be done using your fingerprints.

If you receive an email asking for additional information, respond quickly.

## GEORGIA NON-RESIDENT FINGERPRINT CARD PROCESS

Cardscan processing is available for those applicants residing outside of Georgia or who are physically unable to visit an IdentoGo location. You are required to submit two separately rolled fingerprint cards to IDEMIA for processing. In order to complete the process, applicants must complete the following steps.

### ***Where do I obtain two sets of fingerprint cards?***

You can obtain fingerprint cards (2) from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprints may be either traditional ink



rolled fingerprints on an FBI (FD-258) fingerprint card or LiveScan fingerprints printed to a FBI (FD-258) fingerprint card. To see if there is a location near you that provides Livescan fingerprints to a fingerprint card, please visit <https://www.identogo.com/services/fingerprint-card>.

***How can I ensure the Fingerprint Cards I submit are not returned?***

To ensure your fingerprint cards are not returned please ensure you complete each of the below requirements:

- ✓ Fingerprints must be submitted on standard FD-258 FBI applicant cards.
- ✓ You are required to submit two sets of fingerprint cards.
- ✓ *The information on the fingerprint card and the pre-enrollment information must match or the card will be returned (e.g. first name, last name, address, etc.).*
- ✓ The fingerprint card must be completely filled out in legible print. The following information must be included, or the Fingerprint Card will not be processed:
  - Full name
  - Date of birth
  - Social Security Number (if required by agency)
  - Home address
  - Sex
  - Height
  - Weight
  - Hair color
  - Eye color
  - Place of birth (state or country only)
- ✓ Print and sign the completed pre-enrollment confirmation page, which includes the barcode printed on the top right of the page. Mail the signed pre-enrollment confirmation page and the completed fingerprint card to the mailing address provided by your agency or during this pre-enrollment process.

## UE2 API Pre-enrollment approved (continue to scheduling via link)

Your enrollment for Firefighters Standards & Training has been pre-approved

To: applicant email address

Reply Reply All Forward

Mon 7/22/2024 11:47 AM

**GEORGIA**  
**Enrollment Pre-Approved**

Hello Miles Davis,

Your fingerprint registration is approved. You are now ready to schedule a fingerprint appointment at an IDEMA collection site.

[SCHEDULE APPOINTMENT](#)

---

**ENROLLMENT DETAILS**

UID	OR / AGENCY	SERVICE
AZC4TRWQ	GAS440802 - GEORGIA FIREFIGHTERS STANDARDS AND TRAINING	Firefighters Standards & Training

To check your application status or cancel your request, please follow the link below.

[Check Enrollment Status](#)

[Reschedule or Manage Appointment](#)

If you have questions about the Georgia Applicant Processing Service (GAPS), contact Georgia Bureau of Investigation at 404-244-2628 Option 2 or email [GAPS@ga.gov](mailto:GAPS@ga.gov) during the operating hours Monday through Friday 9:00 AM until 4:00 PM ET.

**IdentoGO**

Applicant selects Click Here to mail in a fingerprint card.

1 Schedule Appointment 2 Review 3 Payment & Confirmation

### SCHEDULE APPOINTMENT

Find a convenient time and place for you to complete your in-person enrollment appointment. If there's no location that's suitable for you, [click here](#) to mail in a physical fingerprint card.

Select a location near you

☐ Show closest ☒ Show soonest available

Search by zipcode, city or airport...

Radius\*  
10 miles

SEARCH



Georgia Example Agency Name

Georgia Example Applicant Service

Personal Information

Payment

Confirmation & Print

Payment

Payment Method

☒ Credit Card
☐ eCheck

Service fee descriptions

TOTAL \$100.00

If you have a payment voucher or coupon code, enter it below before continuing.

Payment Code

APPLY

CANCEL ENROLLMENT

BACK

NAV AND SUBMIT

Enrollment Payment

Amount \$100.00

Example Data

First Name

Last Name

Address

City

State

Zip

Secondary Address

City

State

Zip

Pay

Cancel

IdentoGO

About

IdentoGO North America

IdentoGO by IDONE

Payment entry screen, user will be prompted to enter payment information if applicable.

Georgia Example Applicant Service

Example fingerprint reason

Personal Information

Payment

Confirmation & Print

IMPORTANT - You are required to print, sign, and mail this document with your FBI 250 Fingerprint card.

Please download your document below as a PDF or print directly.

Registration completed.

You have successfully registered as of 2024-08-23. A confirmation e-mail has been sent to [redacted]. You may look up your transaction summary and status in the future by entering your contact details or your UE ID on the home page. Please confirm your information below and download or print your form to be mailed.

PRINT PAGE

DOWNLOAD

CONFIRMATION DETAILS

Please confirm your details below and print, sign, and mail the required forms.

Example Name

Example UEID

Date

Example Service

Example Payment Reference

Amount

MAIL DOCUMENTS

After printing and signing the form, please mail your documents to the address below.

Please mail the following documents to the address provided below.

1. This printed and signed document. Unsigned forms will not be processed and will be returned for signature.

2. Completed FBI 250 Fingerprint card.

NOTE: Your social security number is required and must be included on the fingerprint cards. Failure to provide social security number will result in cards being returned to you unprocessed. If you do not have a social security number, please reach out to your requesting agency for further instructions.

IDENTOGO

IdentoGO Co-Card Scan Operations

340 Seven Springs Way, Suite 250

Brentwood, TN 37027

PRINT PAGE

DOWNLOAD

CLOSE & RETURN

Your registration has been completed and summary information provided onscreen. You must print this page or download a copy of this information to submit with your completed FBI 259 fingerprint cards. This information will also be emailed to the provided email address.

CheckPT Applicant User Guide  
Version 01 | May 12, 2025

Page 27 of 31

Sample UEID

### 1. APPLICANT INFORMATION

Step 1 of 4. Review your information below.

SUBMISSION DATE	UE ID	APPLICANT NAME	SERVICE
date	Sample UEID	Example Name	Sample service

### 2. SIGN AUTHORIZATION

Step 2 of 4. Read the following authorization carefully before signing.

I certify that all information provided in regard to this criminal history record check is true and accurate. I acknowledge and understand that my fingerprints will be searched against the fingerprint databases maintained by the Federal Bureau of Investigation and the Georgia Bureau of Investigation for the purpose of identifying and recording state and national criminal history that may pertain to me directly, pursuant to 28 C.F.R. Sections 16.01-16.04. I acknowledge that I have been notified of the procedures to challenge the accuracy or completeness of my record, set forth in Title 28 C.F.R. 16.04. I am aware that a copy of these procedures may be downloaded from FBI.gov.

I AGREE and affirm that I have read and fully understand the above and consent to this background check and to the results being released to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer. My signature indicates agreement with the terms and conditions of the background investigation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### 3. CONTACT INFORMATION

Step 3 of 4. Fill out your contact information details.

Print Applicant Name (last, First, Middle) \_\_\_\_\_ Applicant Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email or Phone 2 \_\_\_\_\_

### 4. MAIL DOCUMENTS

Step 4 of 4. Please mail the following documents to the address below.

- This printed and signed document
- Completed Fingerprint card

NOTE: Your social security number is required and must be included on the fingerprint cards. Failure to provide social security number will result in cards being returned to you unprocessed. If you do not have a social security number, please reach out to your requesting agency for further instructions.

**PRINTS, INC.**  
**IDENTOGO GA CARD SCAN OPERATIONS**  
**340 SEVEN SPRINGS WAY, SUITE 250**  
**BRENTWOOD, TN 37027**

Example Cardscan Registration page shown on left. This form must accompany your completed fingerprint cards when sent to the address provided. This form should be signed/dated (section 2) and contact information filled in (section 3).

**GEORGIA**

**Fingerprint Card Mail-In**

Hello Denny Tester,

The system shows that your physical mail-in fingerprint enrollment registration has been completed. Please download and print your form by clicking on the link below.

[\[Redacted Link\]](#) are required to sign and mail the form with your completed fingerprint card to the address below. Unsigned forms will not be processed and will be returned for signature.

MAIL CARD TO:

IdentoGO GA Card Scan Operations  
340 Seven Springs Way, Suite 250  
Brentwood, TN 37027

**ENROLLMENT & PAYMENT DETAILS**

UEID	ORIGIN	SERVICE
AZGATHQ2	GARDENIA - Idemia And Security USA LLC	GA Check Only
SUBMISSION DATE	TOTAL PAID	PAYMENT AUTHORIZATION NUMBER
08/28/2024	\$39.99	62339534-7943-4559-9477-fala5d185027

Check Enrollment Status

If you have questions about the Georgia Applicant Processing Service (GAPS), contact Georgia Bureau of Investigation at 404-244-2639 Option 2 or email [Gapsupport@gbga.gov](mailto:Gapsupport@gbga.gov) during the operating hours Monday through Friday 9:00 AM until 4:00 PM ET.

**IdentoGO**

Email notification is shown on left. User may click the "Download Form" option (circled on image) from the email to retrieve the Cardscan Registration page again if necessary.

When CheckPT receives your fingerprint results, your eligibility will be determined by DBHDD, and you and the provider will receive a notification from CheckPT.

## Outcomes From Fingerprints

Once results are received and an eligibility determination has been made by DBHDD, you will receive an email from CheckPT. Login to your CheckPT account to view the eligibility determination on your CheckPT Home Page.

Application #: 102996  
Provider: DEKALB COMMUNITY SERVICE BOARD  
Submitted Date: 08/27/2024  
Determination Status: Eligible

Application #: 102999  
Provider: BEHAVIORAL HEALTH SERVICES OF SOUTH GEORGIA  
Submitted Date: 08/28/2024  
Determination Status: Ineligible

If there is information missing or questions that need to be answered based on the fingerprint results, you will be contacted by a DBHDD representative with next steps based on the contact information in CheckPT. Please respond in a timely manner.

## Account Management

If you forget your password, or your account is locked, select **“Forgot Password/Unlock”**.

### Login

If you are a new user, click [Register](#) and enter all required information. You will receive an email with a temporary password. Navigate back to CheckPT and enter your username (email address) and the temporary password.

*\* Required*

*\* UserName / Email Address:*

*\* Password:*

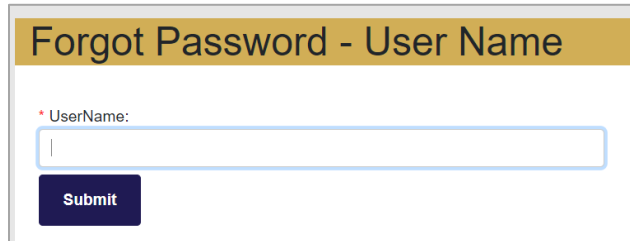
[Forgot Password / Unlock](#)

[Login](#)

OR

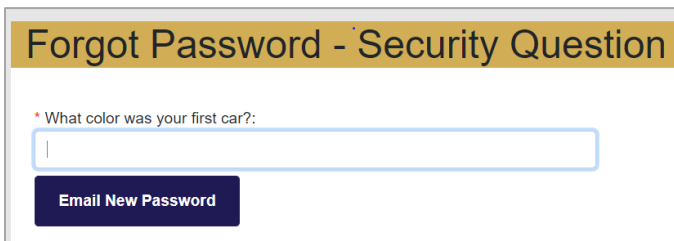
[Register as a new user](#)

Enter your email address as your username. Select **“Submit”**.



The form has a yellow header bar with the text "Forgot Password - User Name". Below the header, there is a label "\* UserName:" followed by a text input field. Below the input field is a dark blue button with the text "Submit".

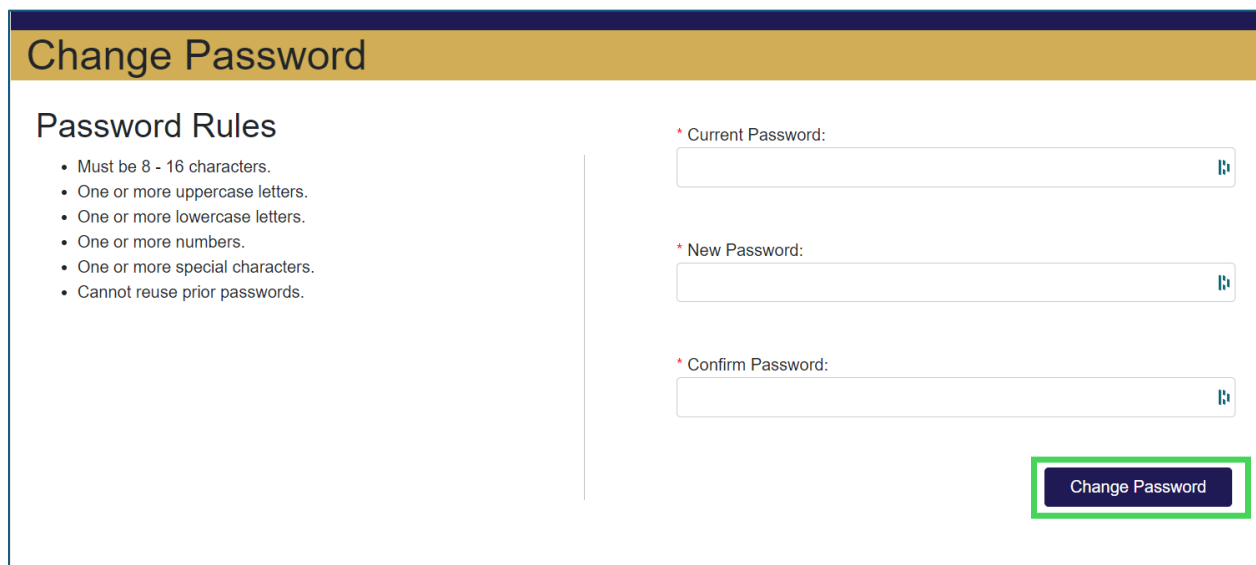
Answer your security question. Select **“Email New Password”**.



The form has a yellow header bar with the text "Forgot Password - Security Question". Below the header, there is a label "\* What color was your first car?:" followed by a text input field. Below the input field is a dark blue button with the text "Email New Password".

Check your email for your new password. Select the link provided in the email and use the temporary password provided to log in.

Change your password ensuring all password rules are followed. Select **“Change Password”**.



The form has a yellow header bar with the text "Change Password". Below the header, there is a section titled "Password Rules" with a list of rules: "Must be 8 - 16 characters.", "One or more uppercase letters.", "One or more lowercase letters.", "One or more numbers.", "One or more special characters.", and "Cannot reuse prior passwords.". To the right of the rules, there are three text input fields labeled "\* Current Password:", "\* New Password:", and "\* Confirm Password:". Each input field has a small icon on the right side. Below the input fields is a dark blue button with the text "Change Password", which is highlighted with a green border.

You will be automatically logged in and navigated back to the CheckPT Home Page.

If you have any questions about your application status or the hiring decision being made by your employer, please contact them directly.