Georgia Department of
Behavioral Health and Developmental Disabilities

D·B·H·D·D

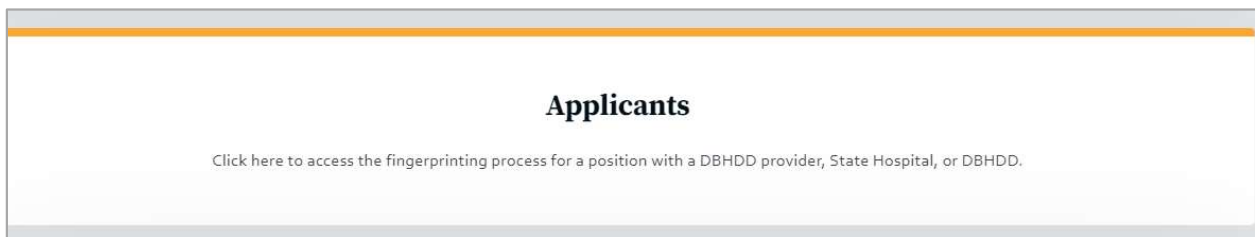# CheckPT Applicant User Guide

January 21, 2025

Contents

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.
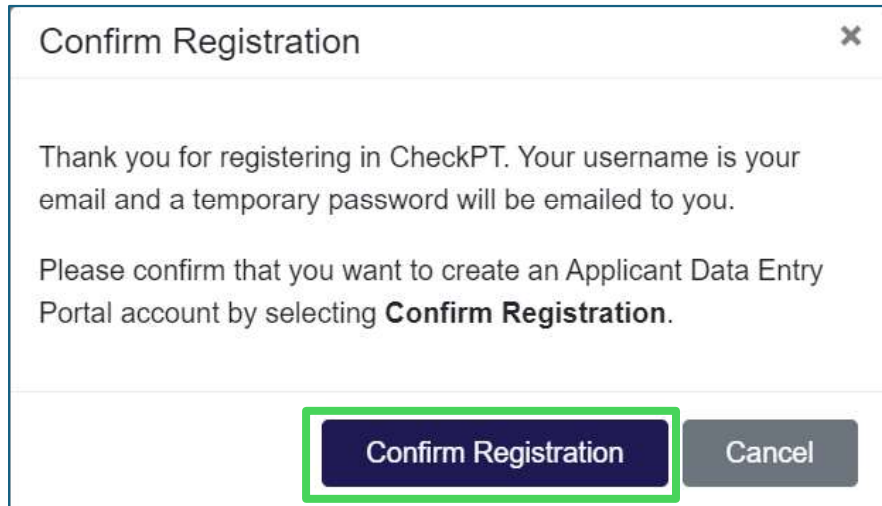
After confirming registration, you will see a confirmation page. Select the "**Back to Login page**" link to navigate back to the Login page.
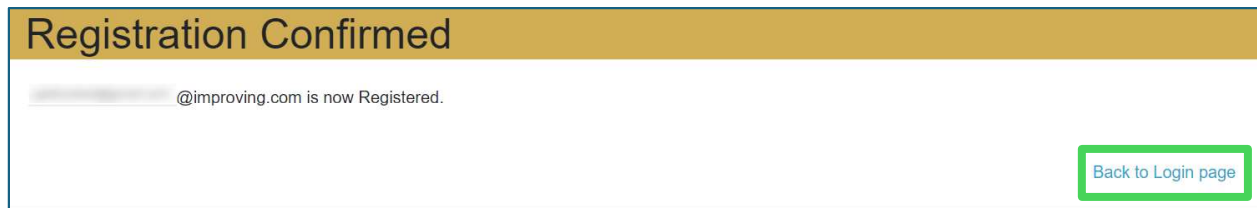
If you receive an error message because your email has already been used to register, login to CheckPT and skip to the "**Create a New Application**" section of this user guide.

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.
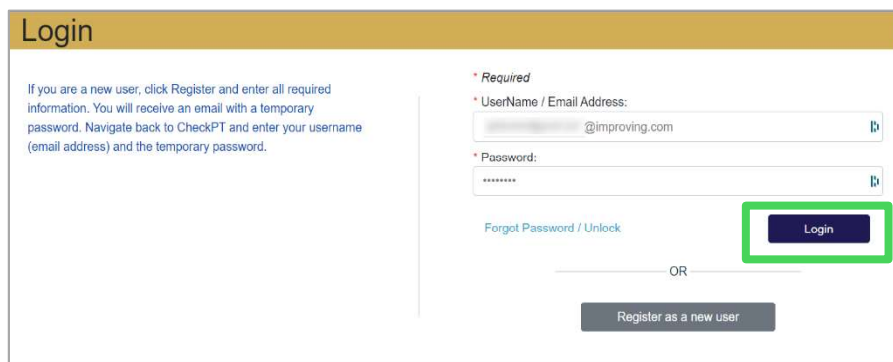
Password: **RzTERG5$**

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**".

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**".

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.
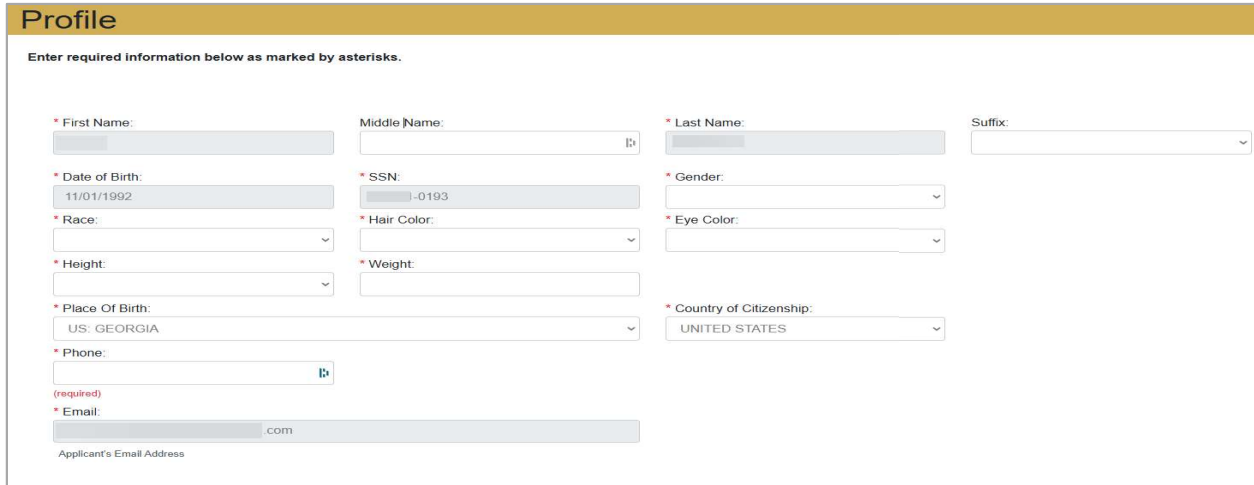

Note: Some providers use a different name publicly. The legal name will be used in CheckPT. Refer to the Provider Name listed on the **Applicant Instruction Form** given to you by the provider to make sure the Provider Number matches the Provider name result.

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**".

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.

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"**.

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.

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.

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**".

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.

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**".

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:

* ☐ I 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.

[Withdraw] [Save and Close] [Back] [**Next**]

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.

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
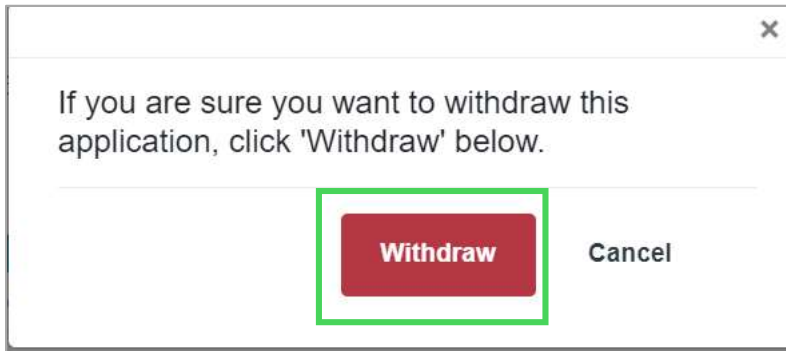Facility: Community Facility
Submitted Date: 04/19/2024

Document(s):

Unread	Document Name	Date Added	Added By
	Drivers License	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**.

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.

(i) Notice
Information entered below must match information provided during pre-enrollment.
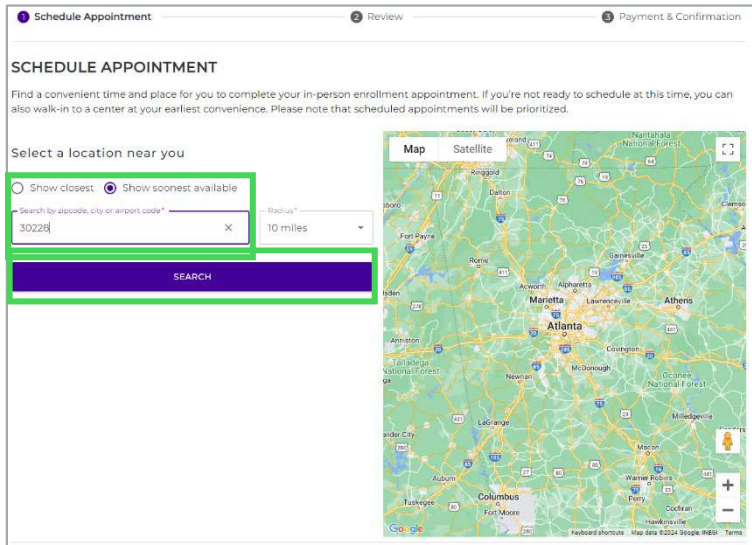
PHONE NUMBER   EMAIL ADDRESS   UE ID
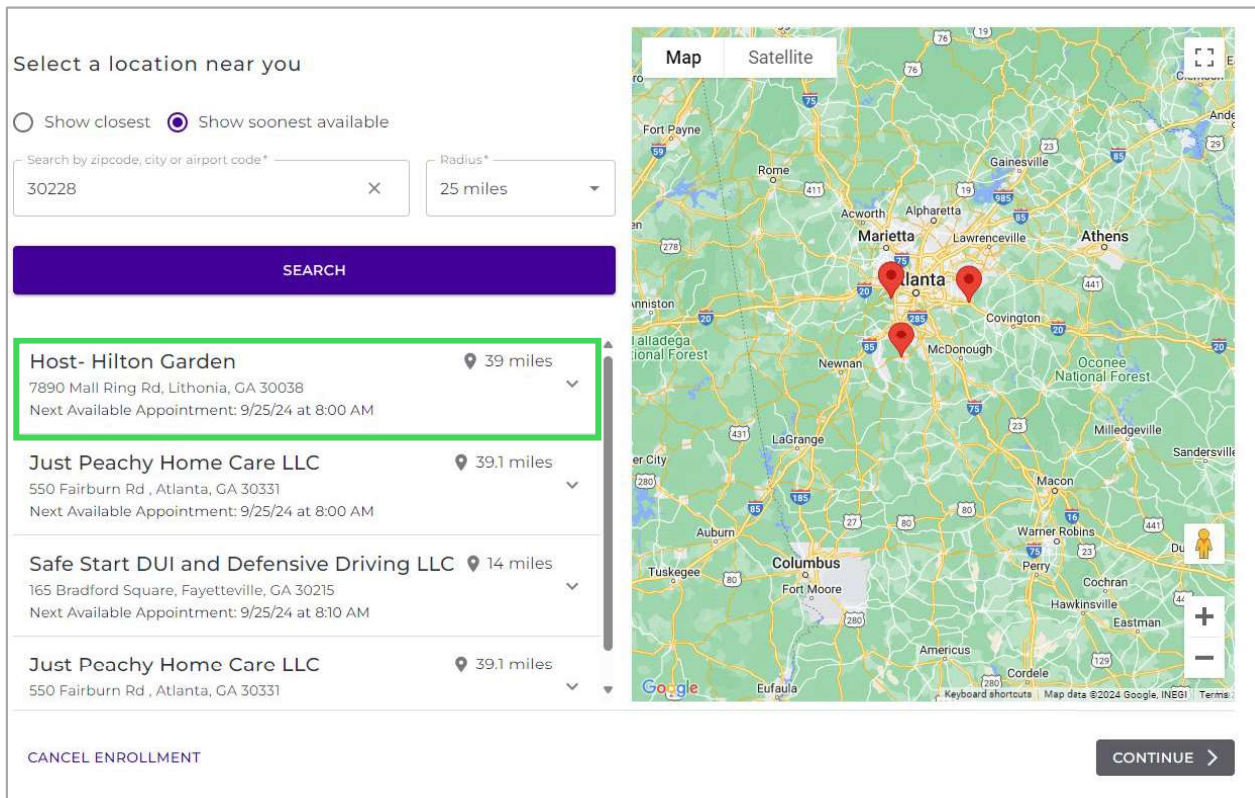
Date of birth *
08/01/1988

Last Name *
Cloud

UE ID *
AZGA111H3Q

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.
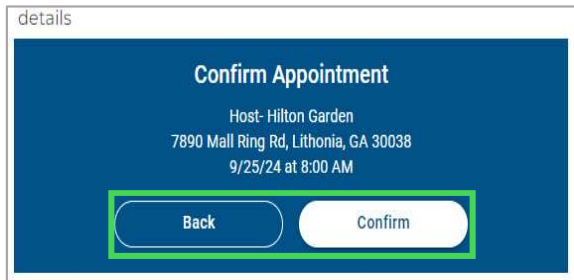

A list of available sites will display. Select a site.

A list of available appointments will display. Select the appointment date and time you want.
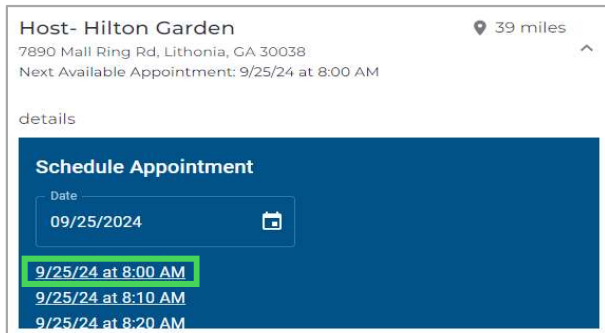
A pop-up will appear. Review the appointment details. If correct, select "**Confirm**". If not correct or you want to select another appointment date/time or location, select "**Back**".

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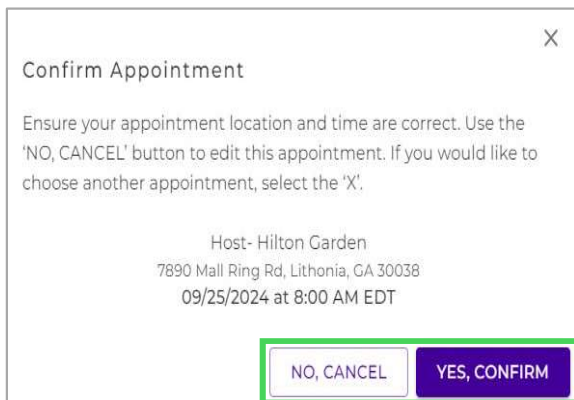
Once you confirm your appointment, the Review Enrollment Application screen will appear. If everything is correct, select "**Continue to Payment**".

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**".

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.

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:

_____@improving.com

* Password:

••••••••

Forgot Password / Unlock   Login

— OR —

Register as a new user

Enter your email address as your username. Select "**Submit**".

Forgot Password - User Name

* UserName:

[   ]

Submit

Answer your security question. Select "**Email New Password**".

Forgot Password - Security Question

* What color was your first car?:

[   ]

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**".

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

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.