



BACKGROUND CHECK PACKET

Georgia NOW & COMP

This Packet Includes:

Employee Background Check Fingerprinting Instructions

Applicant Registration Form

Background Check System (FieldPrint) Step by Step Instructions



Employee Background Check Fingerprinting Instructions

Georgia NOW & COMP

How do I as the employer get my employee fingerprinted using Fieldprint?

- 1) Employees will need to register on the Fieldprint website [Fieldprint](#) .
- 2) Employees should skip the Fieldprint Code and scroll down and select the *Department of Behavioral Health and Developmental Disabilities (DBHDD)* tile.
- 3) On the next page, employee needs to select the following:
 - a. Reason for Fingerprinting: **DBH/DD – Contractors Providing Care/Treatment**
 - b. Requesting Agency ID: **GAC038651** (Acumen GAP ID)
- 4) Follow the steps in the Fieldprint User Guide link here to complete the registration: [Background Policy & GAPS Information | Georgia Department of Behavioral Health and Developmental Disabilities](#)
- 5) The Employee will need to complete the *Applicant Registration form* and include the Fieldprint Registration ID (from the Fieldprint registration) on the Applicant Registration form.
- 6) The Employee will then email the Applicant Registration form to DBHDD (Department of Behavioral Health and Developmental Disabilities) at dbhdd.reg@dbhdd.ga.gov and copy Acumen at enrollment@acumen2.net.
- 7) DBHDD will have 1-2 business days to review and approve the Applicant Registration form. If all information is accurate and complete, DBHDD will approve the Employee's registration for Fieldprint. If it is not approved, the Employee will receive an automated notification from Fieldprint and will need to re-register.
- 8) The Employee will then log into their Fieldprint account and continue scheduling to schedule an appointment at a location near them (using their zip code as a search).
- 9) The Employee will complete the scheduling process by paying for their fingerprints in the Fieldprint system.
 - a. After this is completed, the Employee will receive a confirmation email from Fieldprint with instructions on where to go and what to bring for their fingerprints. Employees will need to take their identification (driver's license, state issued ID, passport) to the appointment.
- 10) The Employee can then submit the confirmation email and a Reimbursement form (available on the [Acumen GA Webpage](#)) to Acumen to be reimbursed for the fingerprint check's cost.

- 11) Once the employee completes the fingerprinting at the designated location, DBHDD will receive the results which will be reviewed and communicated in 3-5 business days. Employees are either “Eligible” = Approved to Work; “Under Review” = Still awaiting decision; or “Ineligible” = Not Approved to Work.
- 12) Acumen will review the results in the DBHDD system; and if the Employee is Eligible, Acumen will move forward with the Good to Go letter. If the Employee is deemed “Under Review” or “Ineligible,” the Employee will receive a direct communication from DBHDD with next steps.

Please note: Acumen has no influence or authority over this process, timeline, reviews, or outcomes and will not be made aware of any specifics regarding the Employee's background check results.



Applicant Registration Form

Applicant Information *(to be completed by applicant)*

I, _____

_____	_____	_____	_____
Last Name	First Name	Middle Initial	
_____	_____	_____	
Date of Birth	Sex	Race	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Position Applied For	Fieldprint Registration ID		
_____	_____		

I am aware that a fingerprint-based background check is required for employment with a DBHDD Network Provider under Policy 04-104 or as an Individual Provider under Policy 04-111. I have read and accepted the terms of the Applicant Privacy Rights and Privacy Act Statement. I understand that DBHDD Criminal History Background Section (CHBC) must approve all applicant registrations prior to a fingerprint submission. I also understand that registrations will be approved or rejected based upon information submitted. In either case, I will receive an email from Fieldprint explaining the status of my request. I understand that incomplete forms or inaccurate information will delay the approval process.

Signature

Date

Provider Information *(to be completed by provider)*

Applicant is:

- Contractor Providing Care and Treatment P-card only Individual Provider

Provider Agency Name	Acumen Fiscal Agent, LLC.
Provider Contact Name	Acumen Fiscal Agent, LLC.
Provider Contact Phone Number	1-866-522-8636
Provider Email Address	enrollment@acumen2.net
Contingent Agency Name/Hospital Location (if applicable)	

Please submit form via email at dbhdd.reg@dbhdd.ga.gov or via fax at (404) 656-0008. If you have questions, please contact our office at 404-232-1541 or 404- 232-1641.



GEORGIA GAPS: Fieldprint Scheduling USER GUIDE

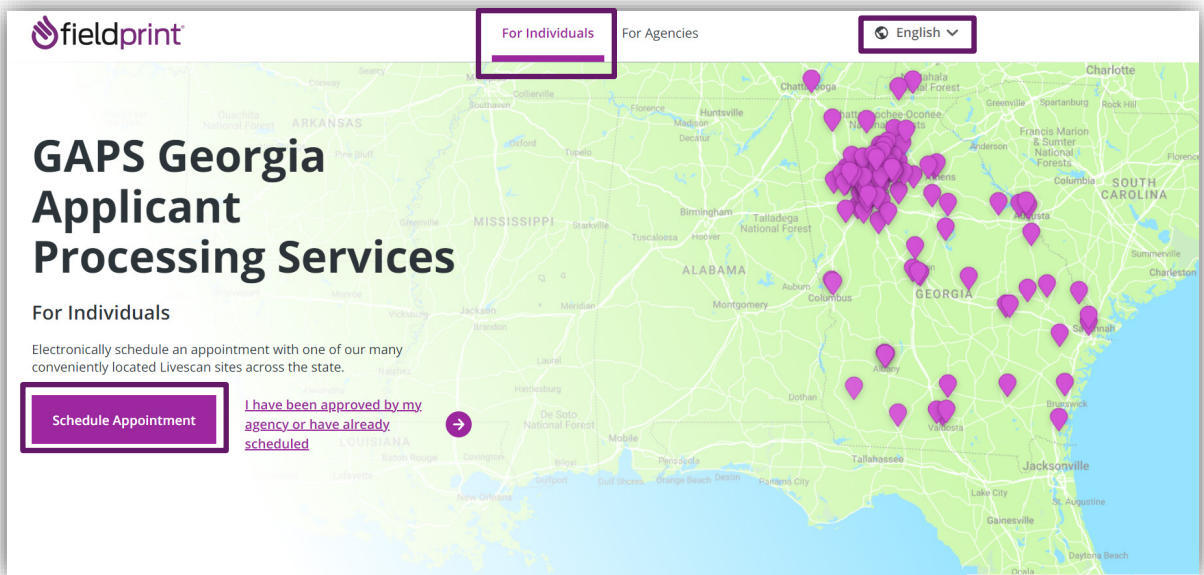
EMPOWERED BY  VERTICAL SCREEN

Proprietary information. Property of Fieldprint, Inc.
This confidential information is not to be shared with any party outside of
your department/company without the written consent of Fieldprint, Inc.

Fieldprint maintains a specific website to support Georgia’s Applicant Processing System. This site will not only allow applicants to register online and schedule a fingerprint appointment, but also guide entities through the necessary steps to sign up to become a requesting agency.

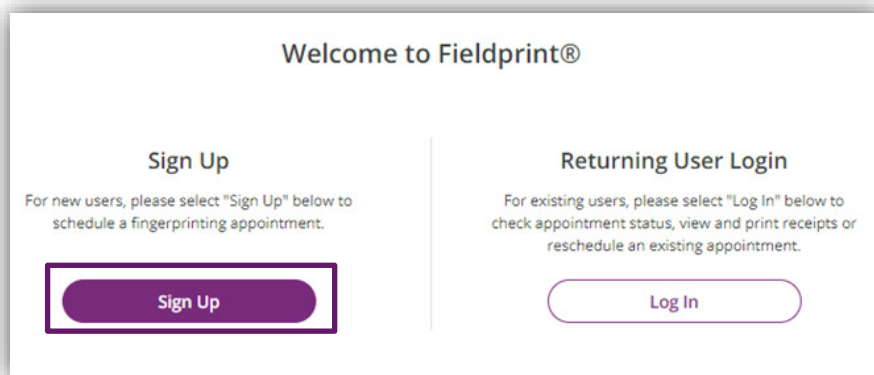
Getting Started

To begin scheduling go to <https://fieldprintgeorgia.com/individuals> also viewable in Spanish by clicking the language dropdown. This site will provide valuable information about the fingerprinting process, helpful FAQs, and contact information. To get started, click **Schedule Appointment** under the **For Individuals** page.

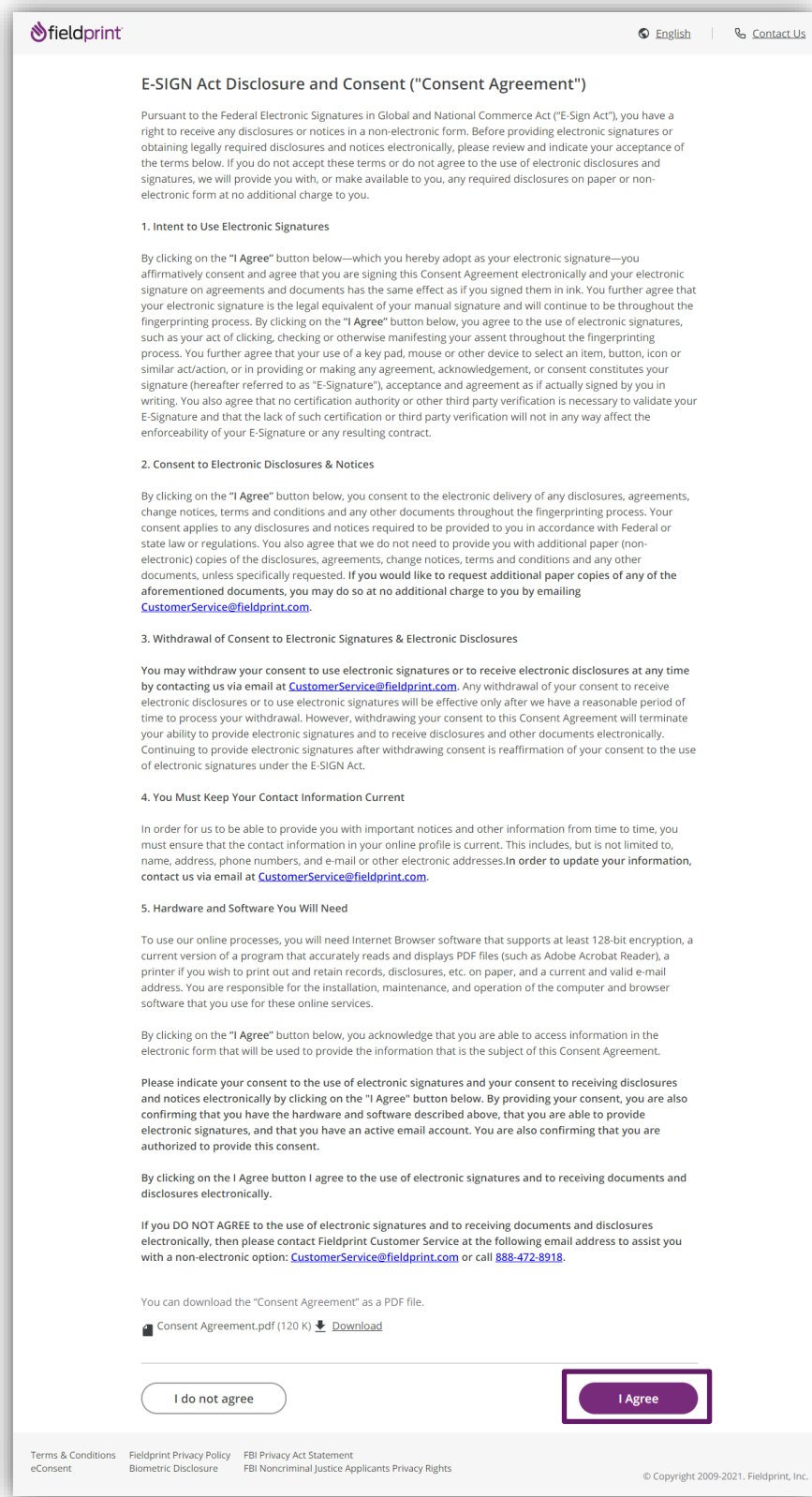


Creating a User Profile

New users need to create a new user account by clicking **Sign Up**. The Sign Up wizard will walk you through the steps to set up an account, culminating in a verified account that will be used to schedule fingerprints. Returning users can simply **Log In**.



Read over the E-SIGN Act Disclosure and Consent (“**Consent Agreement**”) and click **I Agree**.

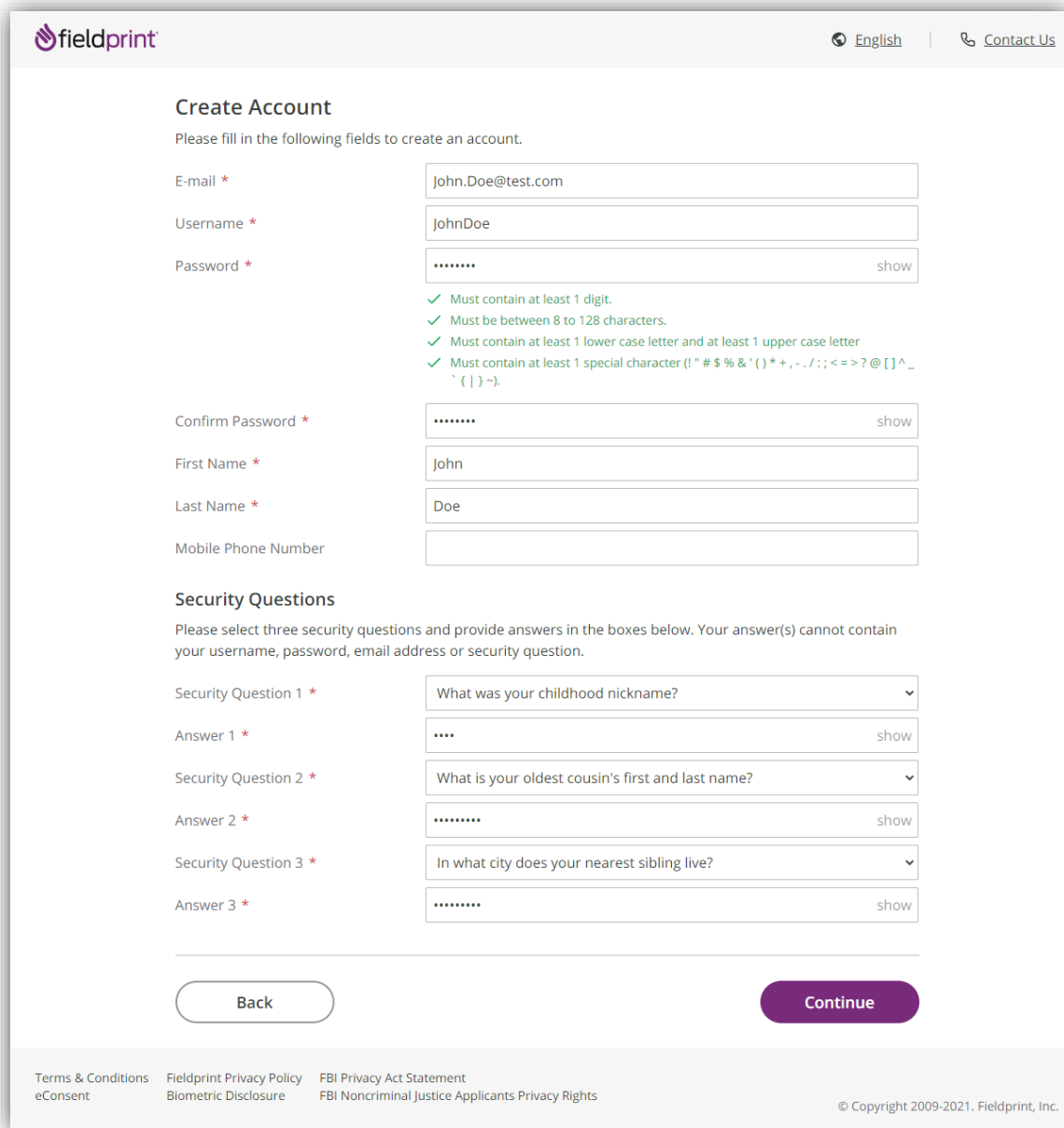


The screenshot shows a web page titled "E-SIGN Act Disclosure and Consent ('Consent Agreement')". The page includes a header with the fieldprint logo, language options (English), and a contact link. The main content is organized into five numbered sections: 1. Intent to Use Electronic Signatures, 2. Consent to Electronic Disclosures & Notices, 3. Withdrawal of Consent to Electronic Signatures & Electronic Disclosures, 4. You Must Keep Your Contact Information Current, and 5. Hardware and Software You Will Need. Each section contains detailed text explaining the user's rights and obligations. At the bottom, there are two buttons: "I do not agree" and "I Agree". A footer contains links for Terms & Conditions, eConsent, Fieldprint Privacy Policy, Biometric Disclosure, FBI Privacy Act Statement, and FBI Noncriminal Justice Applicants Privacy Rights, along with a copyright notice for 2009-2021.

The next page will prompt you to create your account. You will need to enter your e-mail address, first name, and last name, and set your password. Passwords must be between 8-128 characters long, must contain one number, one capital letter, one lower case letter, and one special character. Passwords are case-sensitive. The password rules are provided on the Sign Up page for reference.

You will also be prompted to enter three security questions and their answers. This will be used to verify your identity in the event that you forget the password in the future. The questions must be from the preset list and you cannot provide the same question or answer twice.

Enter all required fields and click **Continue** to move forward.



fieldprint English | Contact Us

Create Account

Please fill in the following fields to create an account.

E-mail *

Username *

Password * show

- ✓ Must contain at least 1 digit.
- ✓ Must be between 8 to 128 characters.
- ✓ Must contain at least 1 lower case letter and at least 1 upper case letter
- ✓ Must contain at least 1 special character (! " # \$ % & ' () * + , - . / : ; < = > ? @ [] ^ _ ` { | } ~).

Confirm Password * show

First Name *

Last Name *

Mobile Phone Number

Security Questions

Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1 * ▼

Answer 1 * show

Security Question 2 * ▼

Answer 2 * show

Security Question 3 * ▼

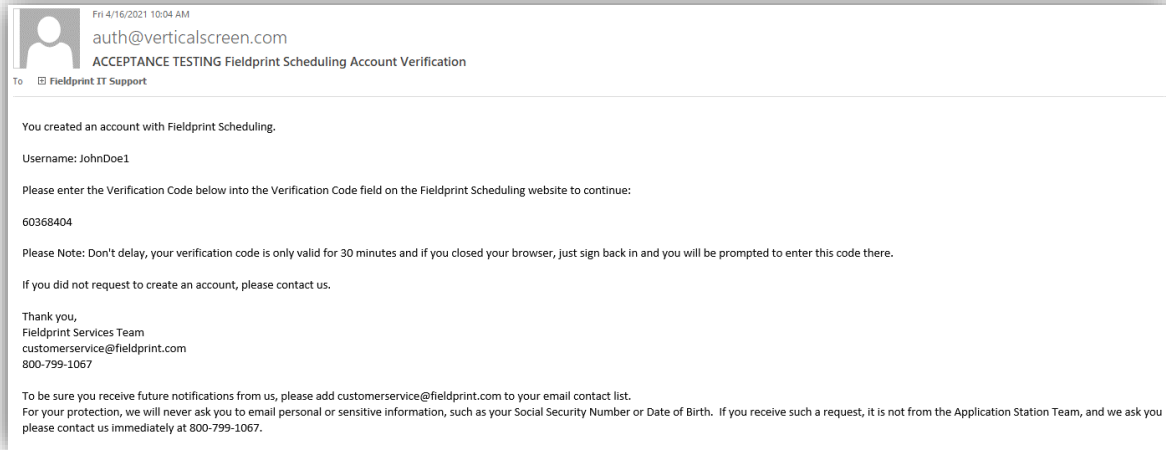
Answer 3 * show

[Back](#) [Continue](#)

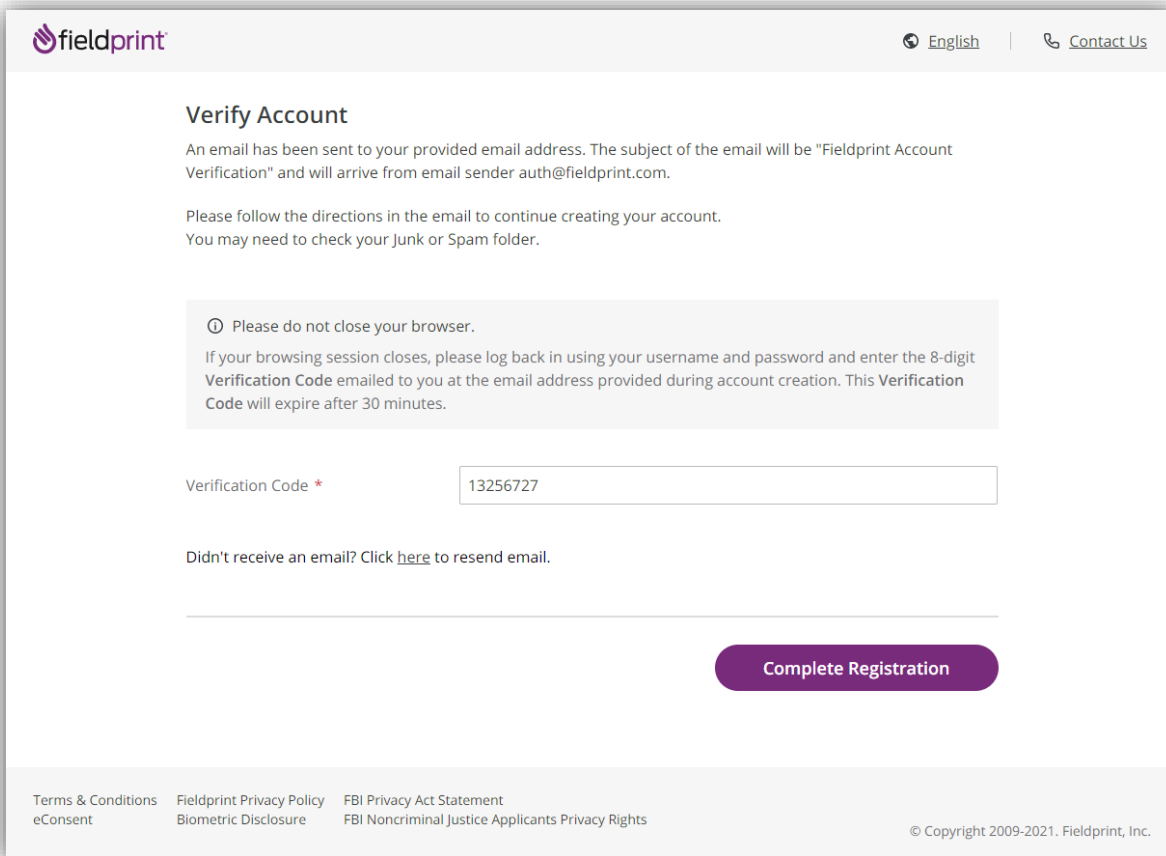
[Terms & Conditions](#) [Fieldprint Privacy Policy](#) [Biometric Disclosure](#) [FBI Privacy Act Statement](#) [FBI Noncriminal Justice Applicants Privacy Rights](#)

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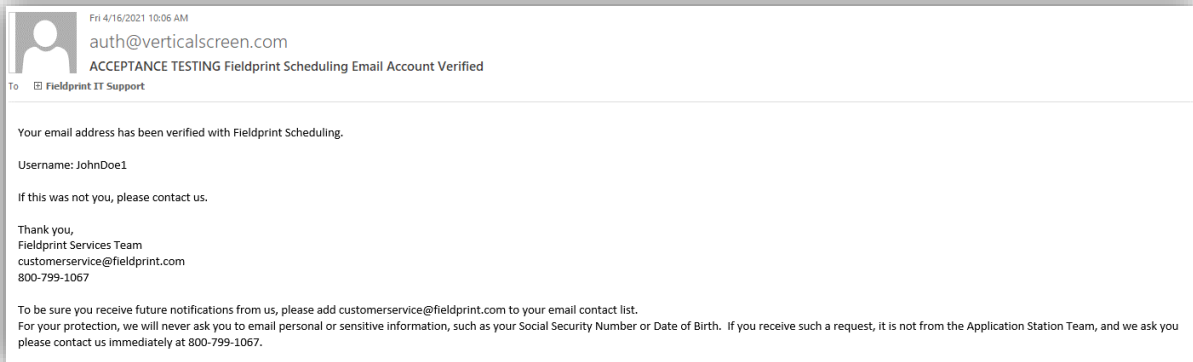
An email will be sent to your provided email address. Check your email for the verification code and enter it on the next page. Do not close your browser. The code will expire after 30 minutes. See below for an example of the email that will be sent.



Enter the code from the email and click **Complete Registration** to move forward.

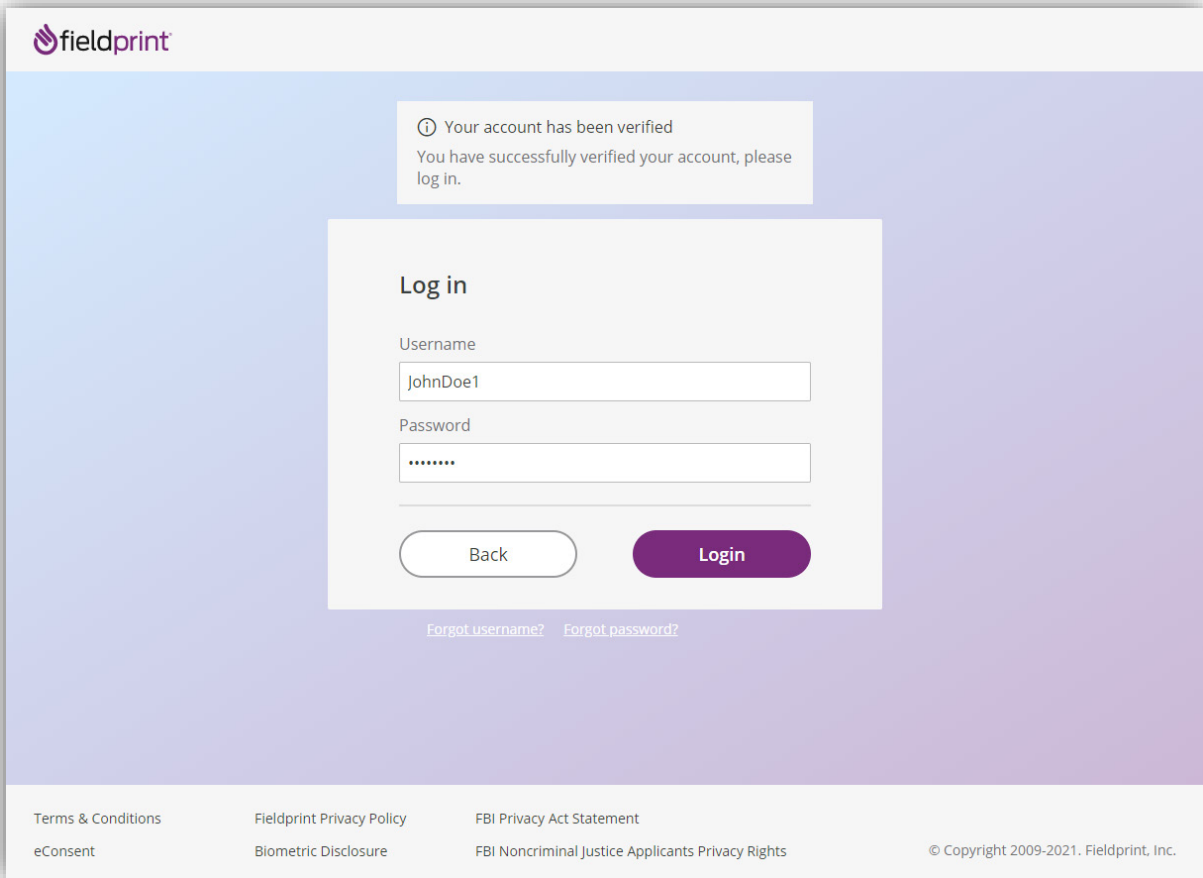


You will also receive an email confirming that your email address has been verified.



Once your account has been verified, you will be able to log in to the Fieldprint scheduling site using your credentials.

Please note: You may retrieve your username or password should you forget them by using the “Forgot username?” or “Forgot password” buttons.



New Applicant Registration

You will have a choice to enter either a **Fieldprint Code** (if provided by your employer or organization) or select the appropriate agency from the tiles provided below the Fieldprint code.

New Applicant Registration

Continue with Fieldprint Code

If your organization has provided you with a Fieldprint Code, please enter it below to continue. ORI should NOT be entered here. An example ORI is GA922974.


























If you do not have a Fieldprint Code leave this field blank and scroll down to select the appropriate option for registration.

Fieldprint Code

Continue with Fieldprint Code

Don't have a Fieldprint Code?

To register for a background check, please select one of the options below.

 Georgia Court Services	 Department of Early Care & Learning (DECAL)
 Education Agencies	 Department of Behavioral Health & Developmental Disabilities (DBHDD)
 Secretary of State (SOS)	 Georgia State-only Background Checks
 Department of Community Health (DCH)	 Department of Driver Services (DDS)
 City/County Government & Law Enforcement Agencies	 Department of Public Health (DPH)
 Real Estate Commission Appraisers Board (GREC)	 Department of Banking & Finance (DBF)
 Office of Insurance Safety Fire Commissioner (OIC)	 Department of Human Services (DHS)
 Georgia Bureau of Investigation	 Department of Juvenile Justice (DJJ)
 Georgia Vocational Rehabilitation Agency	 Department of Defense (DOD)
 Department of Community Supervision (DCS)	 Georgia Department of Revenue
 Georgia Department of Labor (GDOL)	 Georgia Department of Agriculture (GDA)
 Georgia Access to Medical Cannabis Commission (GMCC)	 Georgia Composite Medical Board
 Georgia Department of Corrections	

If you select an agency, you could be asked to specify the reason and Requesting Agency (if applicable). Useful links to resources for that agency are located at the bottom of the page.

Georgia Secretary of State

To register for a background check, please select one of the options below.

★ — Required Fields

Unarmed Security Guards Applicants
Please return to the main registration page and select the option for Georgia State - Only Background Checks.

Board of Nursing	Board of Physical Therapy
Board of Podiatry	Charity Bingo
GA Board of Examiners of Psychologists	GA Board of Hearing Aid Dealers & Dispensers
GA Board of Occupational Therapy	GA Board of Speech Language Pathology and Audiology
Investment Advisor Rep/Agents/Dealers	Lactation Specialist
Massage Therapy	Music Therapy
Private Detective/Security Business	Trauma Scene Waste Management
Used Motor Vehicle Dealer License	

Reason for Fingerprinting*

Reviewing Agency ID*

Requesting Agency ID

The Georgia Secretary of State registers voters, tracks annual corporate filings, grants professional licenses and oversees the state's securities' market.

Website:
<http://sos.ga.gov/>
[Georgia Board of Nursing | Georgia Secretary of State \(ga.gov\) or 38 Application - Reinstatement.pdf \(ga.gov\)](#)
[Georgia State Board for the Registration of Used Motor Vehicle Parts Dealers | Georgia Secretary of State \(ga.gov\) or OFFICE USE \(ga.gov\)](#)
[Board of Private Detectives and Security Agencies | Georgia Secretary of State \(ga.gov\) or GEORGIA STATE BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES \(ga.gov\)](#)

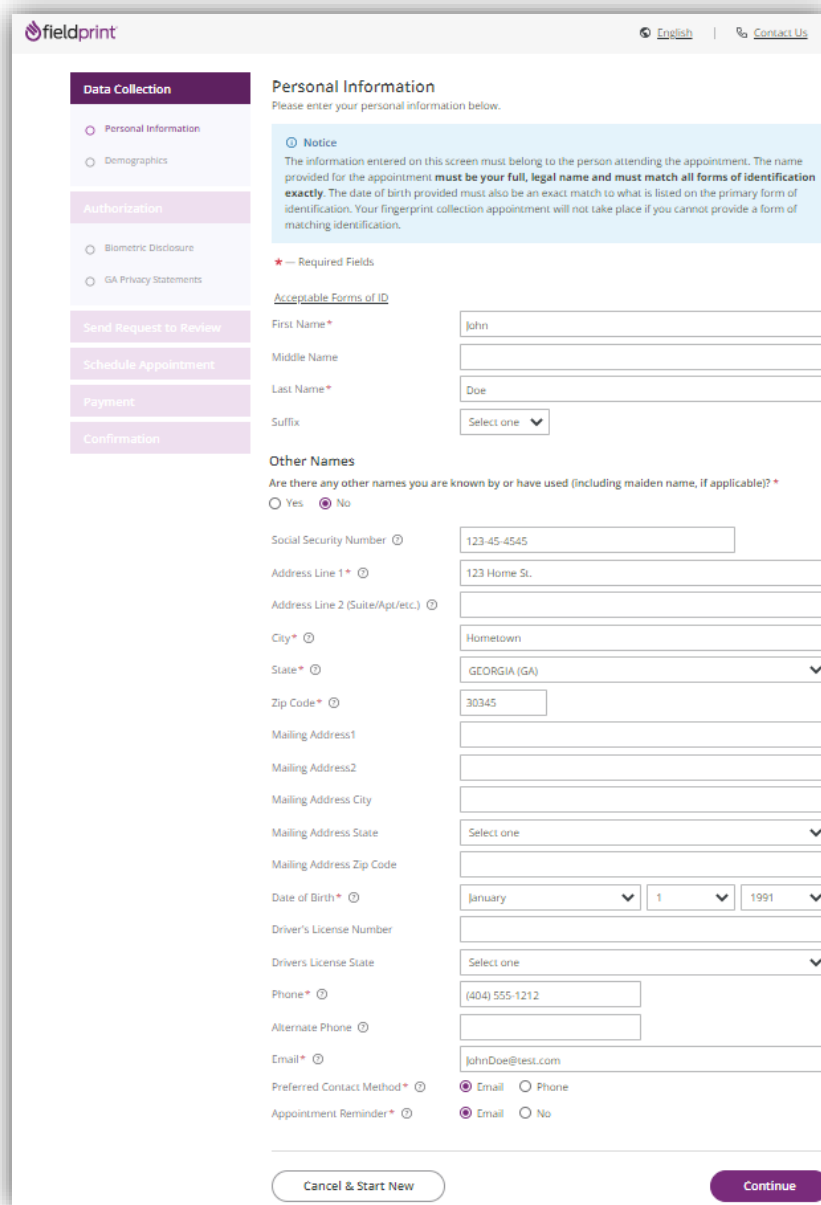
Contact:
Call Center
[\(404\) 424-9966](tel:404-424-9966)

Address:
237 Coliseum Drive
Macon, GA 31217

Data Collection

You will begin the Data Collection process by entering in all required **Personal Information**. Ensure that the information entered is consistent with the IDs you will be presenting at fingerprinting. A list of acceptable forms of ID is linked at the top of the page. This information should match what is on file with your Georgia agency, and discrepancies with this information could result in delays. Data fields are consistent with GBI and FBI standards.

You can enter in aliases by selecting Yes under Other Names. At the bottom, the preferred contact method will allow Fieldprint to reach you in the event of an issue. You may also elect to have an appointment reminder. Once all information is entered, click **Continue**.



The screenshot shows the 'Personal Information' form in the Fieldprint system. The form is titled 'Personal Information' and includes a notice about the accuracy of the information. It contains several sections: 'Acceptable Forms of ID' with input fields for First Name (John), Middle Name, Last Name (Doe), and Suffix; 'Other Names' with a 'No' selection; 'Social Security Number' (123-45-4545); 'Address' fields (123 Home St., Hometown, GEORGIA (GA), 30345); 'Mailing Address' fields; 'Date of Birth' (January 1, 1991); 'Driver's License' fields; 'Phone' (404) 555-1212; 'Email' (johnDoe@test.com); and 'Preferred Contact Method' (Email) and 'Appointment Reminder' (Email).

Next, enter all **Demographics** required for the fingerprint check.

Authorizations

You will next review the **Biometric Disclosure**. Click **I agree** and enter your full name to consent, and click **Continue** to move forward.

You will next review the **GA Privacy Statements**. Click the box next to “I acknowledge that I have read, understand, and agree to the above statements.”

Data Collection

Personal Information

Demographics

Authorization

Biometric Disclosure

GA Privacy Statements

Send Request to Review

Schedule Appointment

Payment

Confirmation

GA Privacy Statements

To download this document click: [GBI Documents](#).

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://ga.georgia.gov/services/obtain-criminal-history-record-information-requests-asked-questions>

Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.fbi.gov>

- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://ga.georgia.gov/services/obtain-criminal-history-record-information-requests-asked-questions>. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.fbi.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the FD-250 fingerprint card

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

To download this document click: [GBI Documents](#).

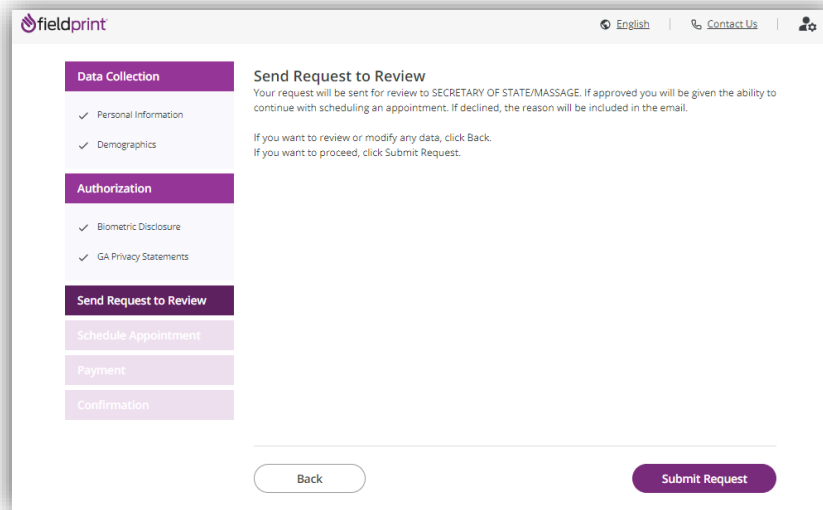
TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

I acknowledge that I have read, understand, and agree to the above Statement. *

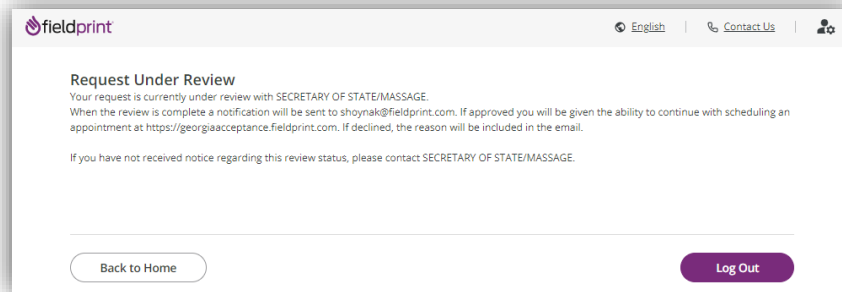
Back
Continue

Send Request to Review

If you selected a Reason that requires Agency Approval, you will see the **Send Request to Review** page. Clicking **Submit Request** will submit your request for review by the Georgia organization or agency listed. Otherwise, you will proceed directly to the **Schedule Appointment** page.



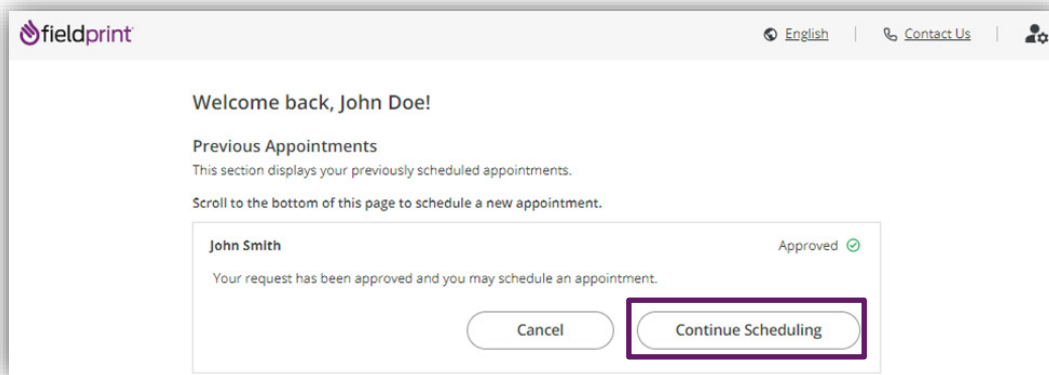
Submitting the request will put the request under review.



You will be notified once the organization or agency has reviewed and approved your request.

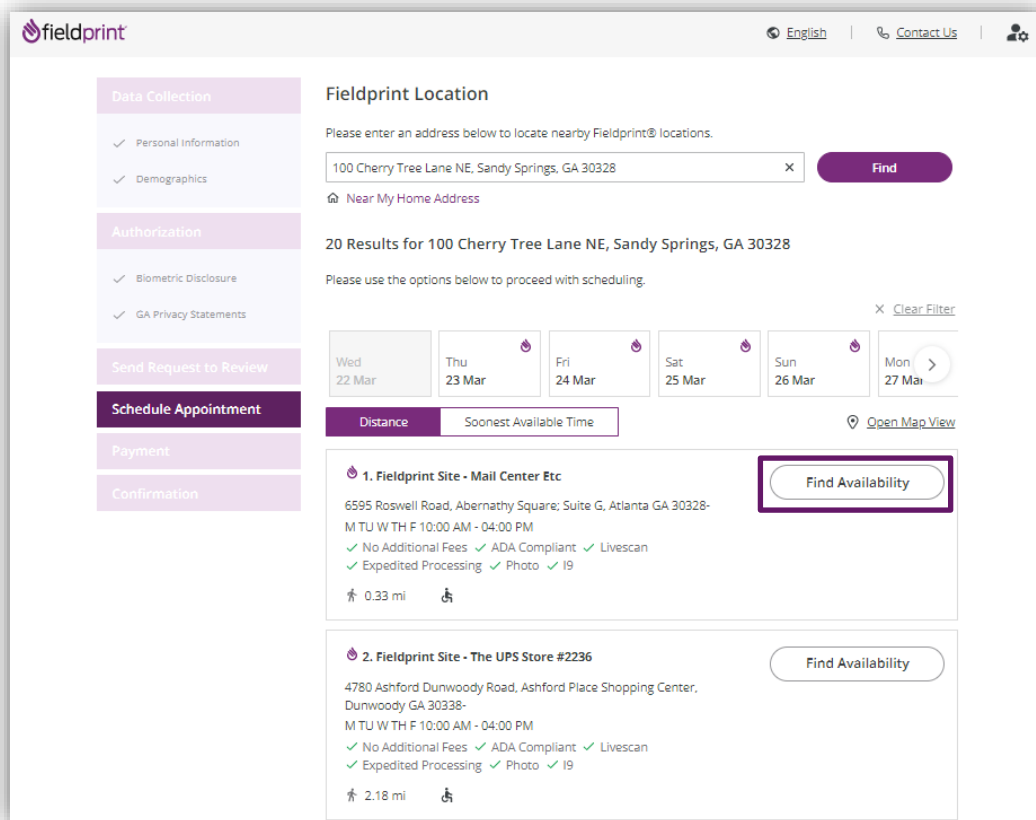


When you log back in, the system will prompt you to **Continue Scheduling**.



Schedule Appointment

Next you will select a location, date, and time for your Livescan fingerprint capture. The system will default to the home address entered, but you are able to change to another address that may be more convenient. Sites can be sorted by distance or soonest available time. Each entry will provide the address, hours of operation, and other key information about the site. Once you choose a site, click **Find Availability**.



Using the dropdowns you will select the date and time for your appointment and click **Continue**.

fieldprint English Contact Us

Data Collection

- ✓ Personal Information
- ✓ Demographics

Authorization

- ✓ Biometric Disclosure
- ✓ GA Privacy Statements

Schedule Appointment

Confirmation

Fieldprint Location
[Back to 20 Results](#)

Schedule Appointment

Fieldprint Site - Mail Center Etc, 6595 Roswell Road, Abernathy Square; Suite G, Atlanta GA 30328-
M T U W T H F 10:00 AM - 04:00 PM

0.33 mi

* — Required Fields

Available Date* April 14 2023

Part of day* Evening (after 5 PM)

Time

- 5:00 PM
- 5:10 PM
- 5:20 PM
- 5:30 PM
- 5:40 PM
- 5:50 PM
- 6:00 PM
- 6:10 PM
- 6:20 PM

Continue

Payment

If you are required to pay for the fingerprint appointment, you will select your method of payment – either PayPal or debit / credit card. Cards accepted include MasterCard, Visa, American Express, and Discover.

fieldprint English Contact Us

Data Collection

- ✓ Personal Information
- ✓ Demographics

Authorization

- ✓ Biometric Disclosure
- ✓ GA Privacy Statements

Send Request to Review

Schedule Appointment

Payment

Confirmation

Payment

Date and Time: March 23, 2023 11:20 AM

Location: Fieldprint Site - The UPS Store #2236
4780 Ashford Dunwoody Road, Ashford Place Shopping Center, Dunwoody GA 30338-

Fee Type	Fee
Background Check Fee	\$ 51.50
Your Total to Pay:	\$ 51.50

Payment Method

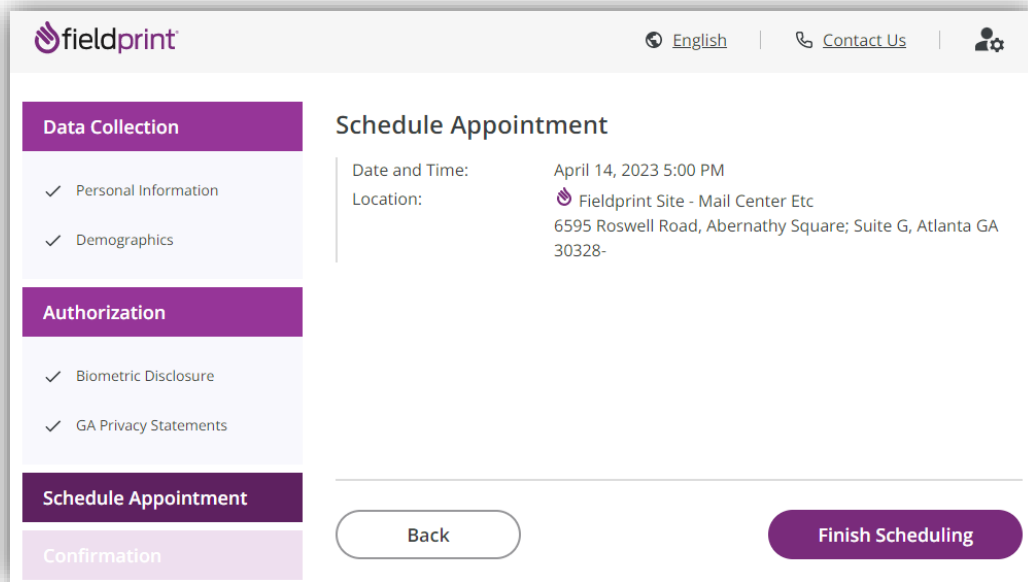
PayPal

Debit or Credit Card

Powered by PayPal

Back Finish Scheduling

If the agency is paying, you will click the **Finish Scheduling** button without seeing the Payment page.

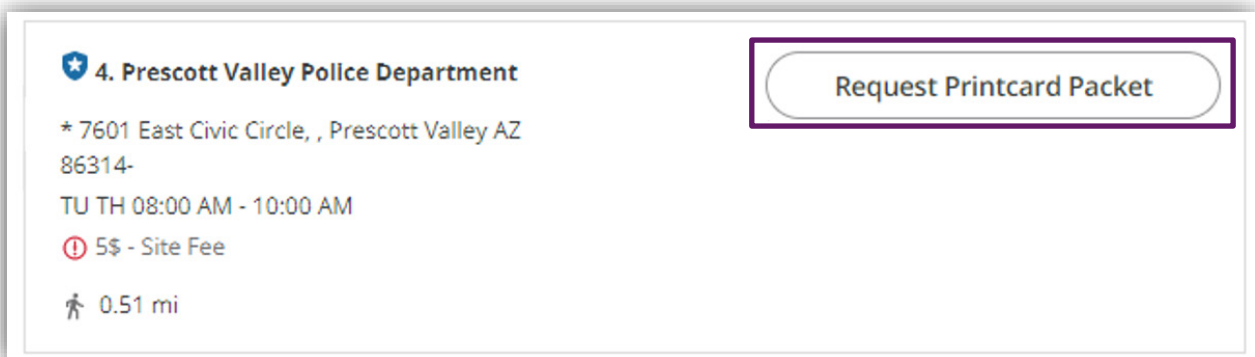


Request Printcard Packet (If Applicable)

If a Livescan location is unavailable within the contracted range, the system will offer you the ability to request an ink card packet. This will also be the method used if you are located out of state. Clicking **Request Printcard Packet** will trigger a request to Fieldprint for a packet containing two barcoded fingerprint cards, instructions, and a return envelope to be mailed to your address.

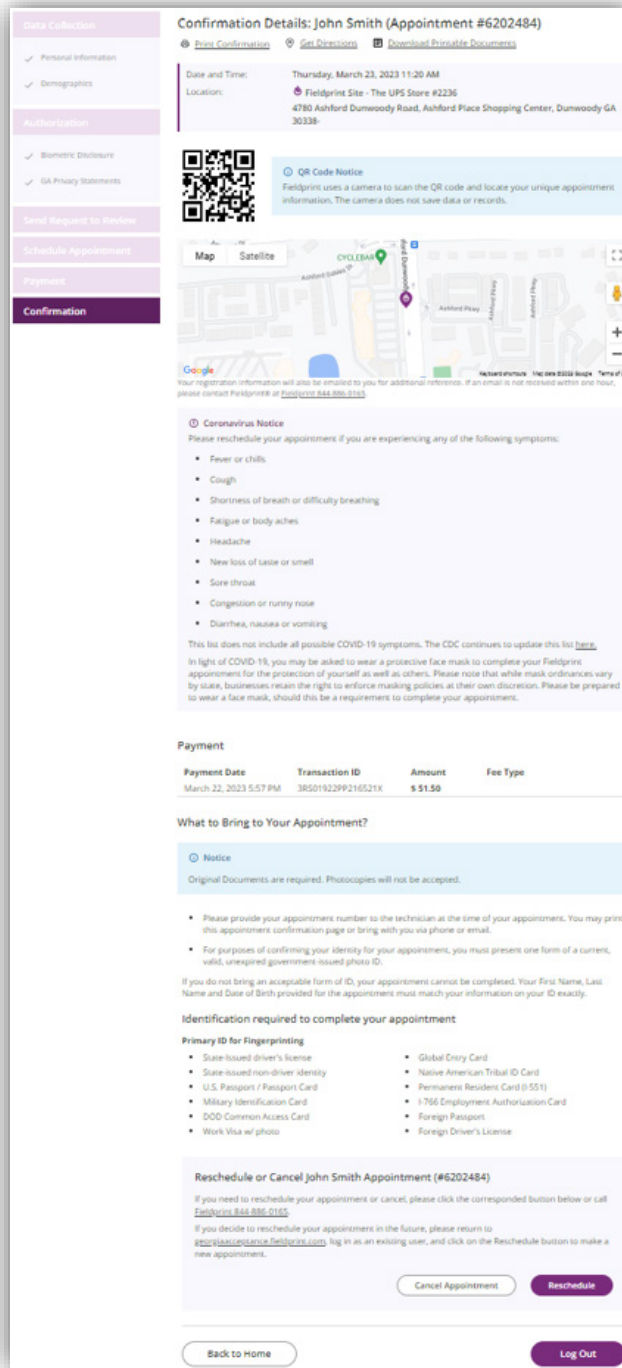
Completed packets should be returned to:

Fieldprint, Inc.
PO Box 407
Marlton, NJ 08053



Confirmation

After scheduling your appointment, you will receive a confirmation screen. The confirmation page will show your appointment number, location, date and time. There is important information noted on the confirmation page, displaying identification required for the appointment. **Be sure to bring the appropriate identification to your appointment.**



Appointment Management


Logging back in as a returning user will allow you to manage your appointment or create another. Click **Reschedule** to change the appointment location, date, or time. Clicking **Schedule Another Appointment** will take you to complete a new registration.

Welcome back,


Previous Appointments



This section displays your previously scheduled appointments.

Scroll to the bottom of this page to schedule a new appointment.

#6197473 Suzanne Sorgetest Appointment Scheduled 

Date and Time: May 1, 2023 9:00 AM

Location:  Fieldprint Site - Marietta, GA 2 (Foxx Laboratories)
2625 Sandy Plains Road Suite 101 Marietta, GA 30066-

 [Print Receipt](#)  [View Map](#)

[Cancel](#) [Reschedule](#)

You do not currently have a pending appointment. To begin scheduling a new appointment please click the button below.

[Schedule Another Appointment](#)

You will also have the ability to **Print Receipt** which contains appointment information, what to bring, and contact information to reschedule.


Receipt

You will find all needed information about your appointment here.

John Smith Appointment Details (#6203991)


[Print Receipt](#)
[Get Directions](#)
[Download Printable Documents](#)

Date and Time: Friday, April 14, 2023 5:00 PM
Location: Fieldprint Site - Mall Center Etc
 6595 Roswell Road Abernathy Square, Suite G Atlanta GA 30328-



QR Code Notice

Fieldprint uses a camera to scan the QR code and locate your unique appointment information. The camera does not save data or records.



Coronavirus Notice

Please reschedule your appointment if you are experiencing any of the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose

This list does not include all possible COVID-19 symptoms. The CDC continues to update this list [here](#).

In light of COVID-19, you may be asked to wear a protective face mask to complete your Fieldprint appointment for the protection of yourself as well as others. Please note that while mask ordinances vary by state, businesses retain the right to enforce masking policies at their own discretion. Please be prepared to wear a face mask, should this be a requirement to complete your appointment.

What to Bring to Your Appointment?

Notice

Original Documents are required. Photocopies will not be accepted.

- Please provide your appointment number to the technician at the time of your appointment. You may print this appointment confirmation page or bring with you via phone or email.
- For purposes of confirming your identity for your appointment, you must present one form of a current, valid, unexpired government-issued photo ID.

If you do not bring an acceptable form of ID, your appointment cannot be completed. Your First Name, Last Name and Date of Birth provided for the appointment must match your information on your ID exactly.

Identification required to complete your appointment

Primary ID for Fingerprinting

• State-issued driver's license	• Global Entry Card
• State-issued non-driver identity	• Native American Tribal ID Card
• U.S. Passport / Passport Card	• Permanent Resident Card (I-551)
• Military Identification Card	• I-766 Employment Authorization Card
• DOD Common Access Card	• Foreign Passport
• Work Visa w/ photo	• Foreign Driver's License

Reschedule or Cancel John Smith Appointment (#6203991)

If you need to reschedule your appointment or cancel, please click the corresponded button below or call [Fieldprint 844-886-0165](tel:844-886-0165).

If you decide to reschedule your appointment in the future, please return to georgiaacceptance.fieldprint.com, log in as an existing user, and click on the Reschedule button to make a new appointment.

International Applicants

If you are an **international applicant**, you will not be able to use the Fieldprint Scheduling Website. Instead, you will use the following International Applicants process explained below:

1. The Georgia agency will provide you with the Originating Agency Identifier (ORI) and Reason for Fingerprinting (RFP) and then direct you to call Fieldprint at **844-886-0165**.
2. A Fieldprint representative will send you an email with the Georgia Privacy Statements waiver.
3. Once you return the waiver, the Fieldprint representative will create order in Hank (Fieldprint's fingerprint processing system).
4. While you are on the phone, Fieldprint will create an order based on the ORI/RFP provided and capture your Personal and Demographic information.
5. You will provide Fieldprint with payment.
6. Fieldprint will mail you a Printcard packet. The packet will contain two barcoded fingerprint cards, instructions and a return envelope. This packet will be mailed to the address you provide.
7. You will need to be fingerprinted on the cards and mail them back to Fieldprint.
8. Fieldprint will then scans the print cards into system and electronically submits them to GBI-AFIS.