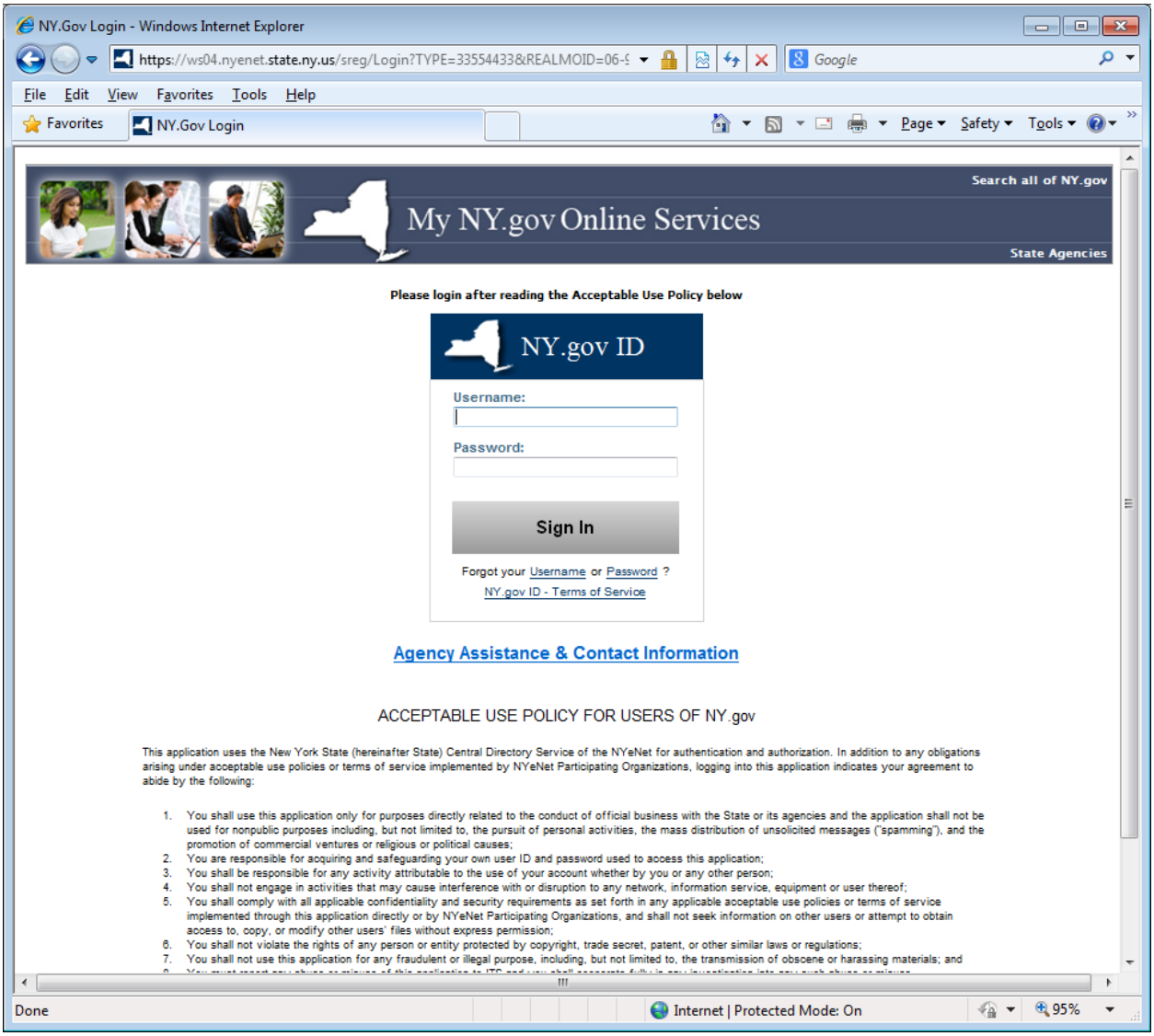
CRIMINAL BACKGROUND CHECK

USER GUIDE

OPWDD and OCFS providers disregard pages 4-7 and 16-17 because you will not be registering applicants for fingerprinting via the CBC system.

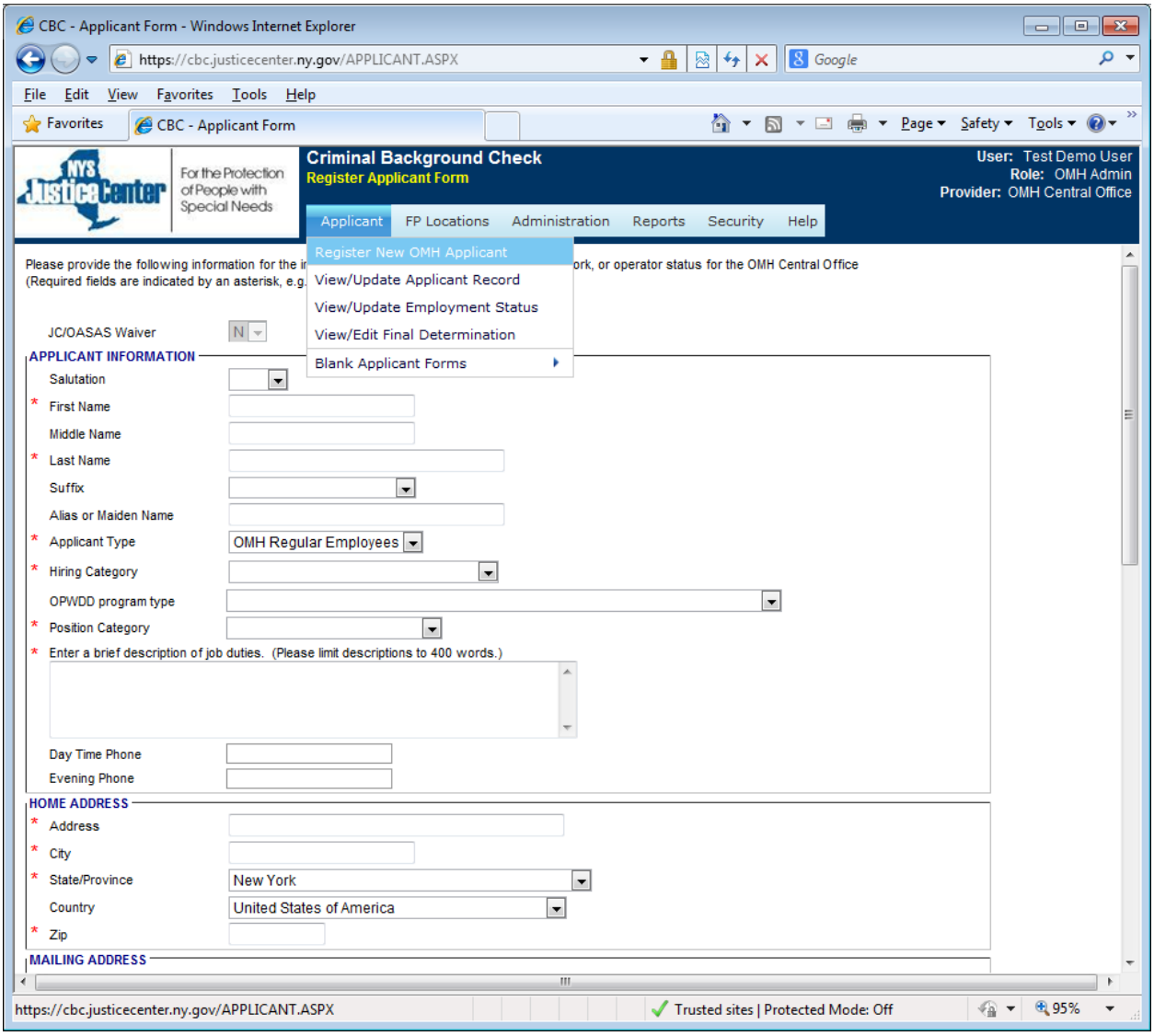
Test URL: https://cbc.justicecenter.ny.gov

NYSDS LOGIN

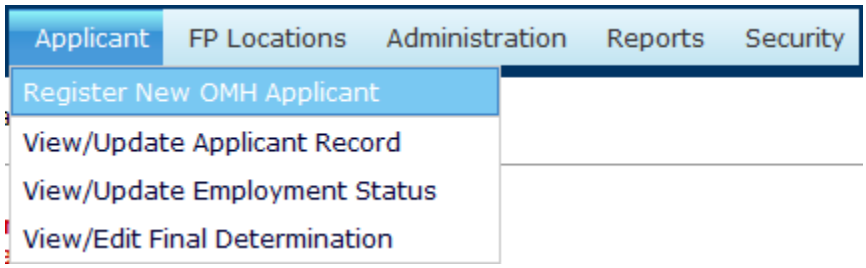


- Enter User name / password
- Click Sign In to go to the CBC Application.
- If you forgot username or password, click on the link below the button and follow the instruction to email for change.

APPLICANT TAB



- Applicant Tab new bar user can navigate the below actions:



REGISTER APPLICANT

- Mandatory fields are marked as red asterisk *.
- Tab key to move over the fields sequentially.
- Alt + Down to see drop down menu (as per window standard).
- Applicant information as below:

CBC - Applicant Form - Windows Internet Explorer

https://cbc.justicecenter.ny.gov/APPLICANT.ASPX

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NYS Justice Center — For the Protection of People with Special Needs

Criminal Background Check
Register Applicant Form

User: Test Demo User
Role: OMH Admin
Provider: OMH Central Office

Applicant | FP Locations | Administration | Reports | Security | Help

Please provide the following information for the individual applying for employment, volunteer work, or operator status for the OMH Central Office
(Required fields are indicated by an asterisk, e.g., *Last Name.)

JC/OASAS Waiver: N

APPLICANT INFORMATION

- Salutation
- * First Name
- Middle Name
- * Last Name
- Suffix
- Alias or Maiden Name
- * Applicant Type: OMH Regular Employees
- * Hiring Category
- OPWDD program type
- * Position Category
- * Enter a brief description of job duties. (Please limit descriptions to 400 words.)
- Day Time Phone
- Evening Phone

HOME ADDRESS

- * Address
- * City
- * State/Province: New York
- Country: United States of America
- * Zip

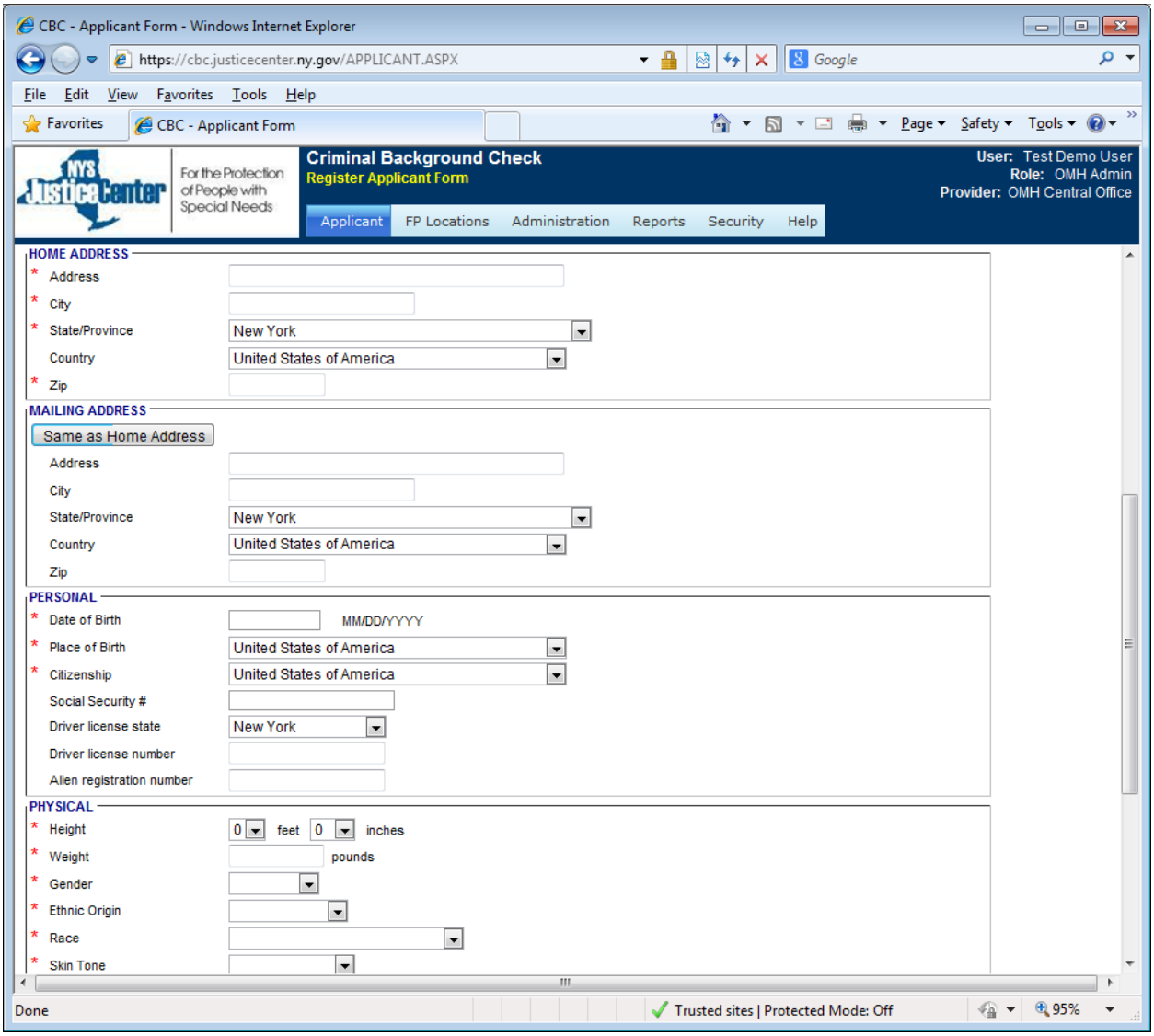
MAILING ADDRESS

Done | Trusted sites | Protected Mode: Off | 95%

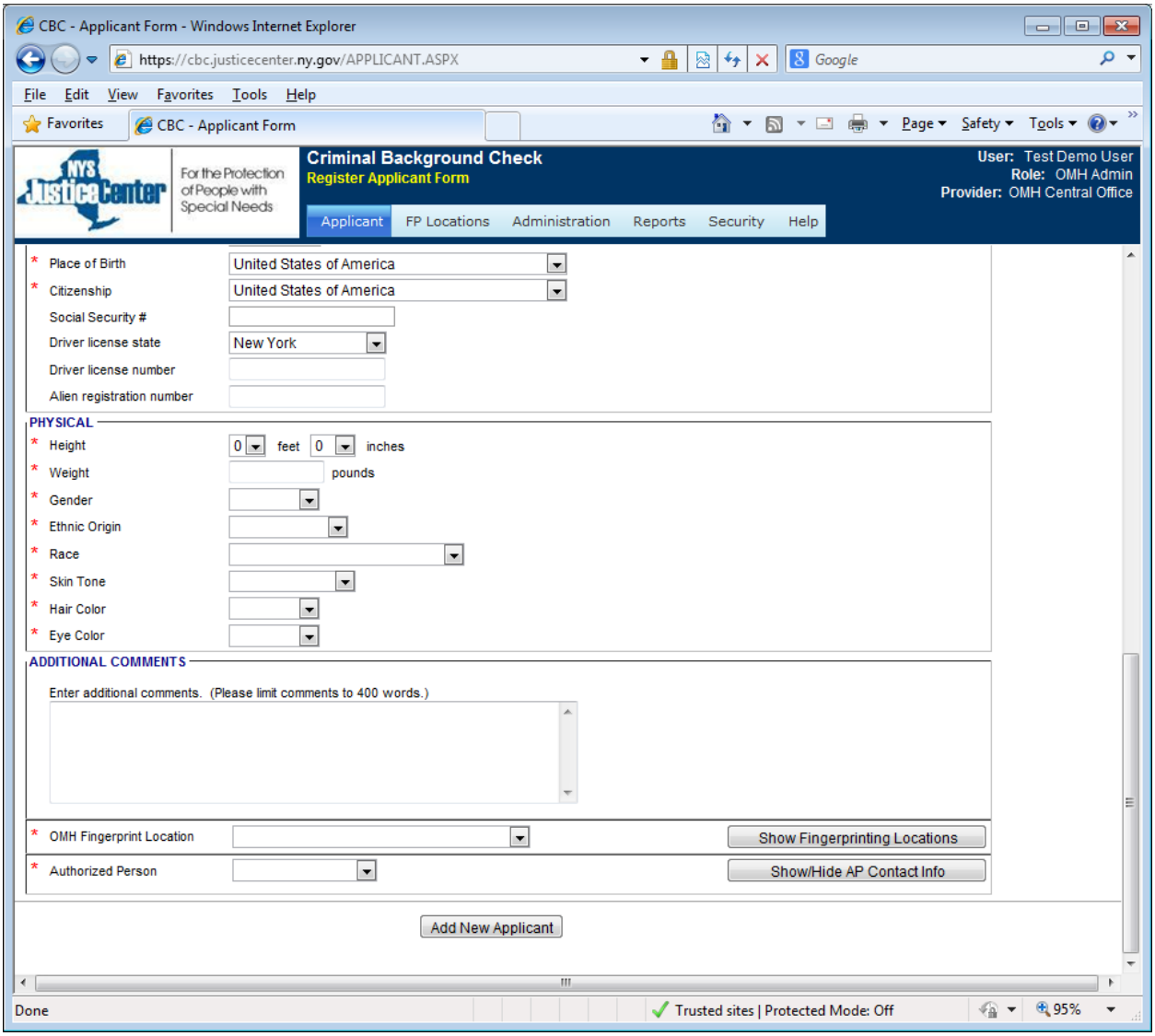
- Be sure to provide a brief notation as to what the applicant's specific duties will include. This will assist Justice Center staff in making final determinations on employability.

NOTE: For applicants currently residing outside the U.S. or for out-of-state residents who are unable to come to New York to be fingerprinted, please contact Justice Center for further information on how to process these applicants

- Home Address can be copied to mailing address by clicking Same as Home Address button.



NOTE: If you unable to determine height or weight, or if the applicant chooses not to provide, values of "0" may be entered.



- Click Add New Applicant button (by doing so a unique ID number will be automatically assigned to the applicant). If you do not click button, the information entered will not be saved.
- Print a copy of the Applicant Consent Form and have applicant sign. **Your agency must retain the signed copy of the Applicant Consent Form.** To print the consent form**,** click on the Applicant Tab, select Print, and then choose Applicant Consent Form from the list of forms. A search screen will appear. Enter information specific to the applicant (usually the last name and/or the applicant ID number will be sufficient to retrieve the specific record). Then click on Search. On the Search Results page that appears, click on the Applicant ID number that appears to the left of the applicant record. This will generate the Applicant Consent form for you to

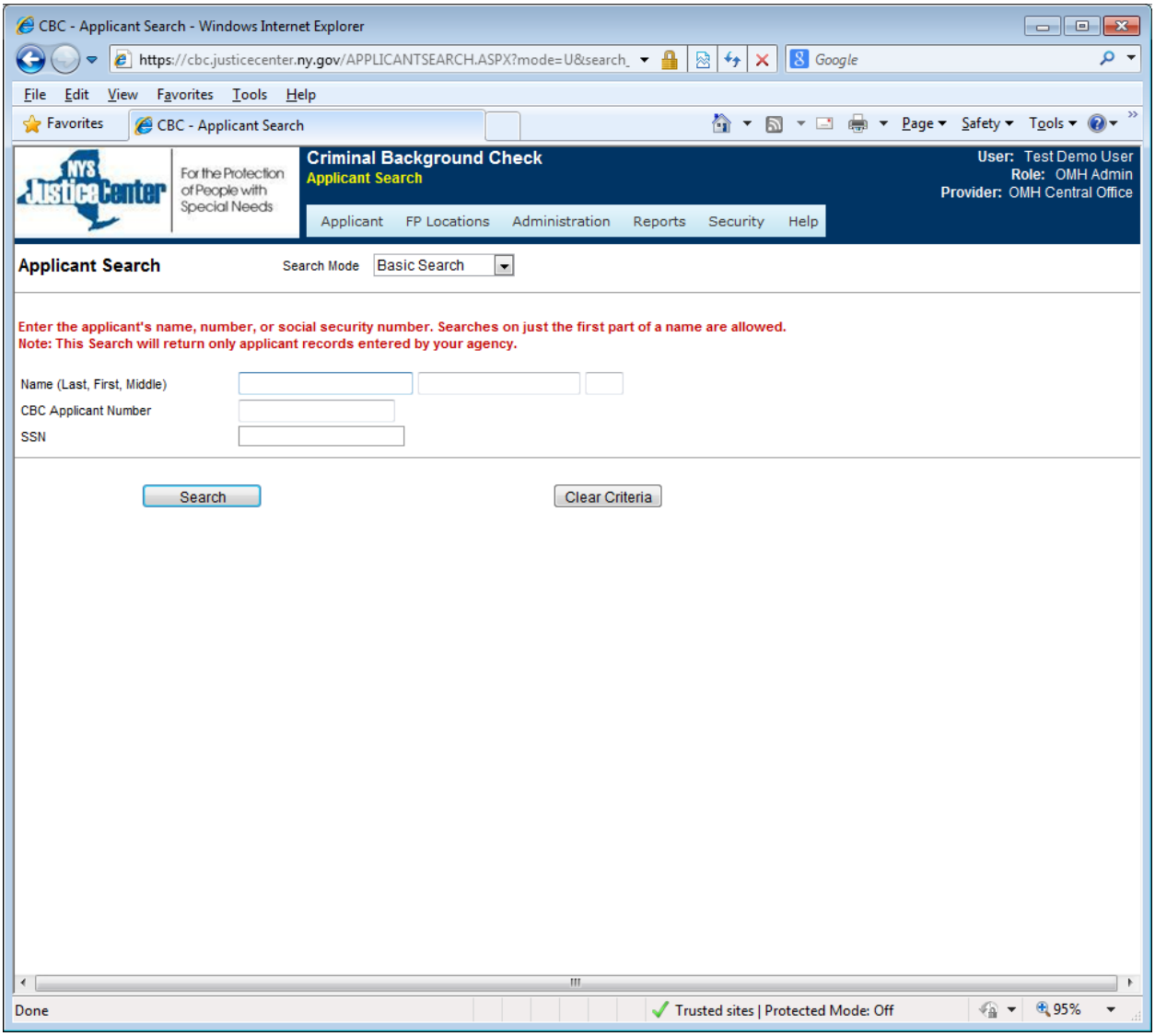
print. If you don't enter any information on the search page, but simply click on Search, you will get a list of every applicant registered by your agency.

- Print a copy of the Fingerprint Authorization Form to give to the applicant. The applicant will bring this form to the LiveScan site to be fingerprinted.(Instructions for printing are the same as for the Applicant Consent Form, simply select Fingerprint Authorization Form instead of Applicant Consent Form from the Print menu.)

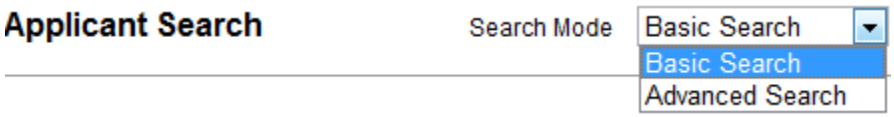
NOTE:

- If it is impractical to register the applicant in CBC immediately, e.g. if the Authorized Person (AP) is in a different location than the hiring office, you may have the applicant complete the "Fingerprint Information Collection Form" located under the Applicant Tab under Print and then input the data under Register Applicant. This form should be destroyed once the information collected has been entered into CBC. Please remember that the applicant will still need to be registered and the necessary forms printed and/or signed before the applicant can be fingerprinted.
- If the applicant is going to an ink and roll site to be fingerprinted, the provider must give the applicant a fingerprint card to take with them to the ink and roll site (the AP should complete the information on the top of the card, including the applicant ID number) and Justice Center postage-paid self-addressed envelope. The provider specific fingerprint cards sent to the provider should only be used for fingerprints that will be reviewed by Justice Center.
- Provider specific fingerprint cards are supplied by the Justice Center Criminal Background Check (CBC) Unit. To order more fingerprint cards please call CBC Unit at 518-549-0361 or e-mail at cbc@justicecenter.ny.gov.

APPLICANT SEARCH

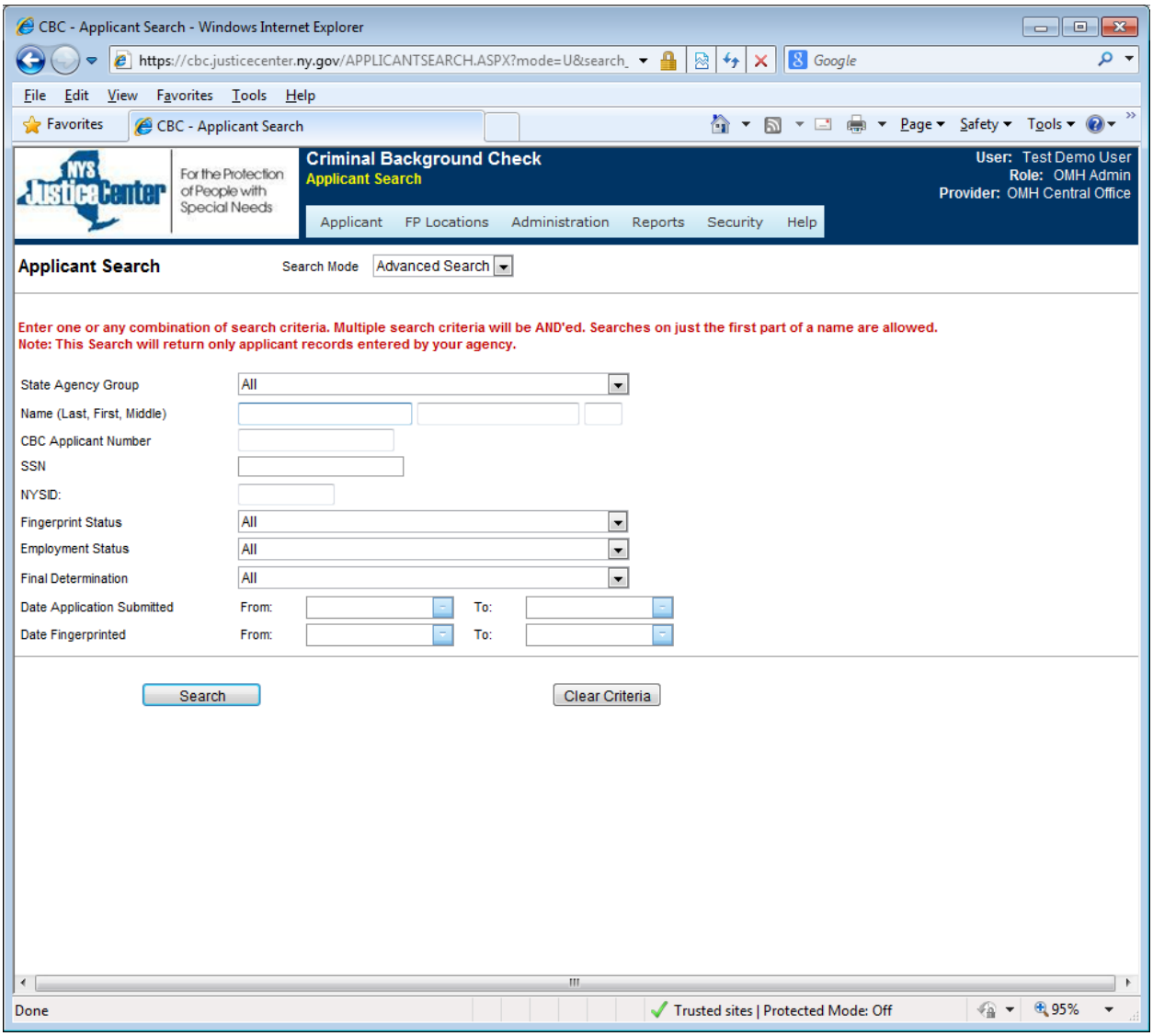


- It should appear when user clicks on view/update record.
- User can choose Basic or Advanced Search from search mode drop down field.

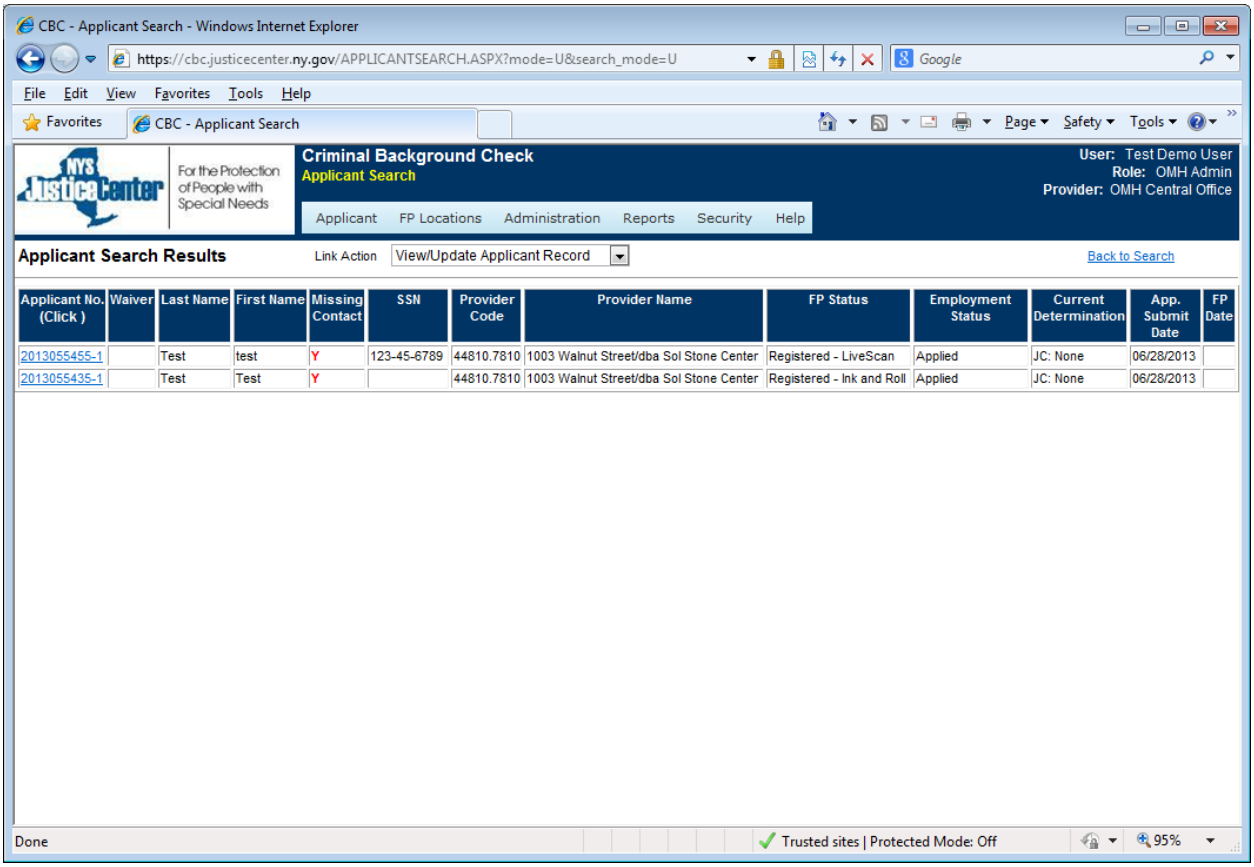


- All fields are optional and no validation is required.
- Based on the user entries, system should bring matched applicant records upon Search button click.
- User can clear all the fields by clicking Clear Criteria button.

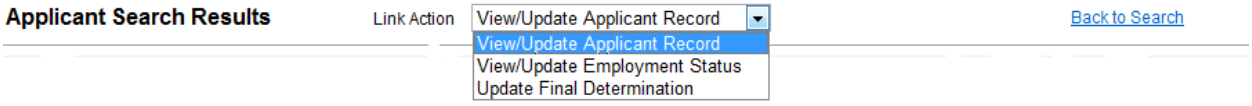
- Advanced Search Screen looks like:



APPLICANT SEARCH RESULT



- From the search result grid user can choose the applicant by clicking on applicant no hyperlink.
- User can also switch the action from the Link Action drop down menu.



- If don't find from the result, click on "Back to Search" which takes you to search screen again.

UPDATE APPLICANT RECORD

- It should be same as register applicant page.

CBC - Applicant Form - Windows Internet Explorer

https://cbc.justicecenter.ny.gov/APPLICANT.ASPX?MODE=U&person_num=

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NYS Justice Center — For the Protection of People with Special Needs

Criminal Background Check
Update Applicant Form

User: Test Demo User
Role: OMH Admin
Provider: OMH Central Office

Applicant | FP Locations | Administration | Reports | Security | Help

Update the following information for the individual applying for employment, volunteer work, or operator status for the 1003 Walnut Street/dba Sol Stone Center
(Required fields are indicated by an asterisk, e.g., *Last Name.)

Provider Name	1003 Walnut Street/dba Sol Stone Center		
CBC Applicant no.	2013055455 - 1	NYSID	
ORI	NY922160Z - OMH - Local and Family Care Providers		
Registration Source	issdmch		
Fingerprint Status	Registered - LiveScan	TCN	
* Employment Status	Applied	Effective Date	6/28/2013

DETERMINATION

JC Final Determination	None - None
JC/OASAS Waiver	N

APPLICANT INFORMATION

Salutation	Dr.
* First Name	test
Middle Name	R
* Last Name	Test
Suffix	Doctor of Philosophy
Alias or Maiden Name	sample
* Applicant Type	Prospective Local Service Employee
OPWDD program type	Day Training - (0330)
* Position Category	Support

* Enter a brief description of job duties. (Please limit descriptions to 400 words.)

dr dr of phil sample plse day training support

Day Time Phone	(556) 651 - 6816 Ext 1
Evening Phone	(669) 851 - 3516 Ext 4

Done | Trusted sites | Protected Mode: Off | 95%

CBC - Applicant Form - Windows Internet Explorer

https://cbc.justicecenter.ny.gov/APPLICANT.ASPX?MODE=U&person_num=

File Edit View Favorites Tools Help

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NYS Justice Center — For the Protection of People with Special Needs

Criminal Background Check

Update Applicant Form

User: Test Demo User
Role: OMH Admin
Provider: OMH Central Office

Applicant | FP Locations | Administration | Reports | Security | Help

Day Time Phone	(556) 651 - 6816 Ext 1
Evening Phone	(669) 851 - 3516 Ext 4

HOME ADDRESS

* Address	44 Holland
* City	Albany
* State/Province	New York
Country	United States of America
* Zip	12229

MAILING ADDRESS

Same as Home Address

Address	44 Holland2
City	Albany2
State/Province	New York
Country	United States of America
Zip	122292

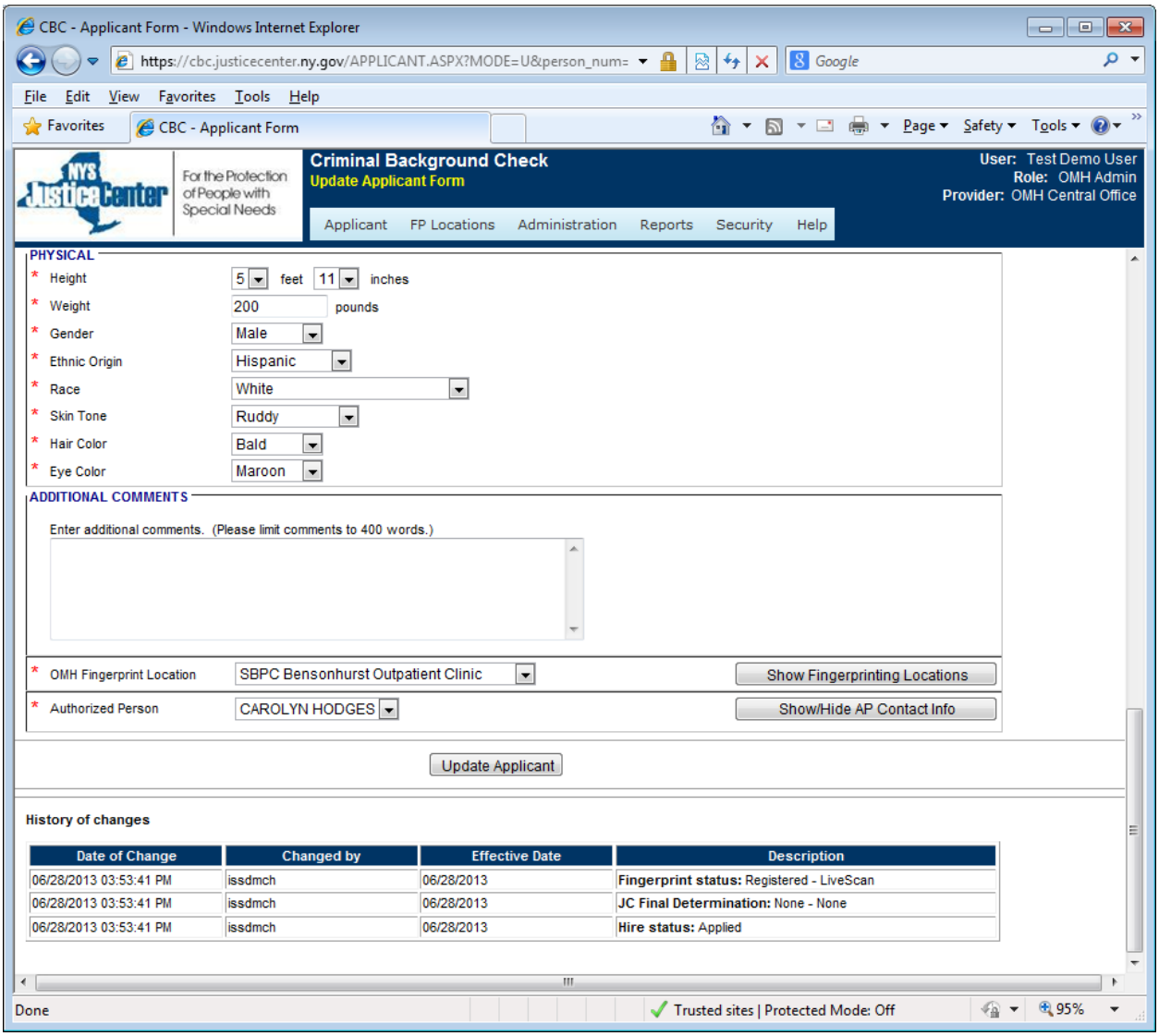
PERSONAL

* Date of Birth	5/4/1455 MM/DD/YYYY
* Place of Birth	United States of America
* Citizenship	United States of America
Social Security #	123-45-6789
Driver license state	New York
Driver license number	987654321
Alien registration number	444444444444444444

PHYSICAL

* Height	5 feet 11 inches
* Weight	200 pounds
* Gender	Male

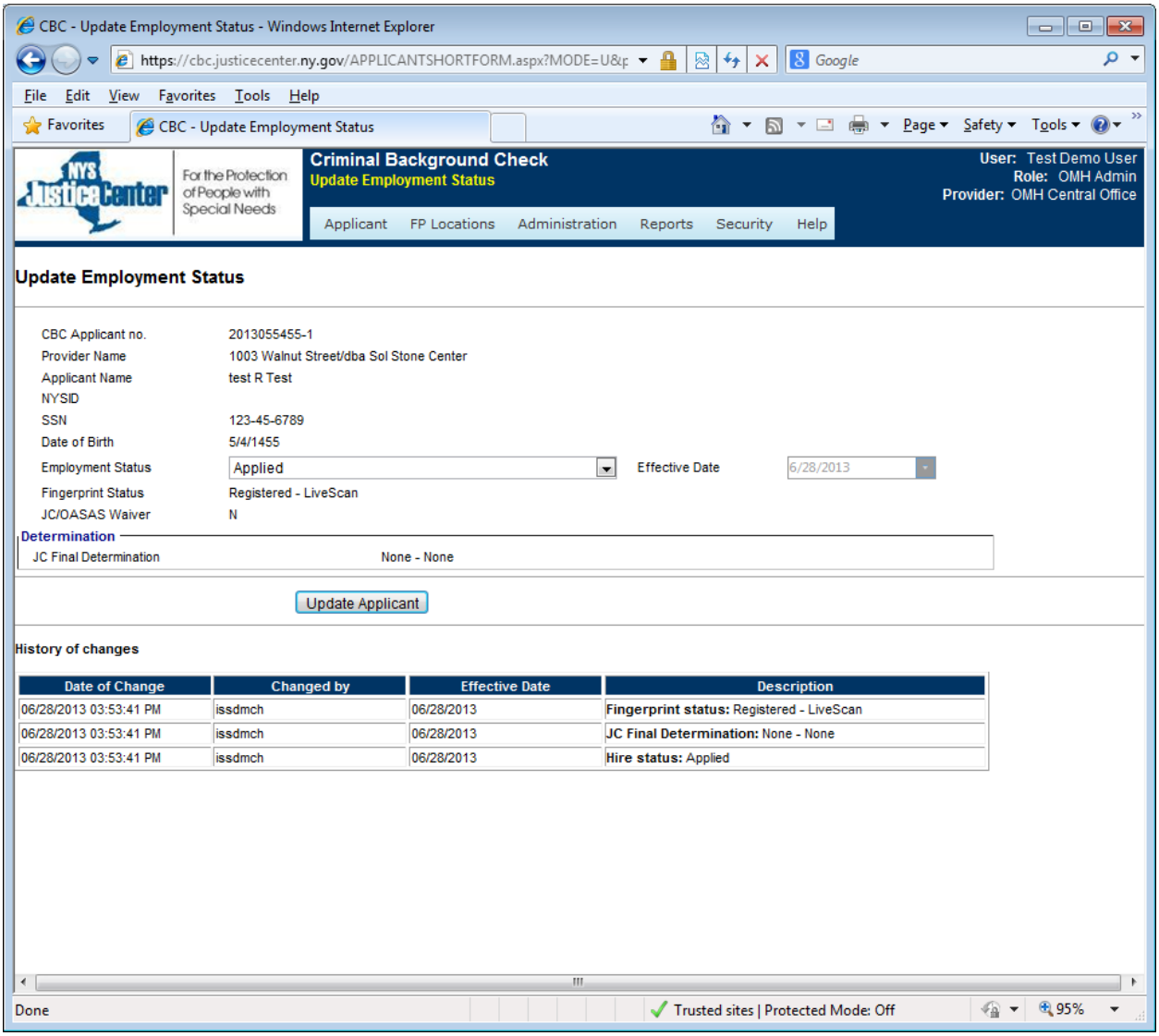
Done | Trusted sites | Protected Mode: Off | 95%



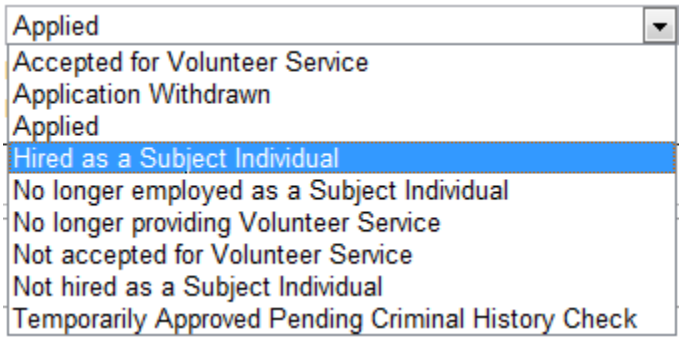
- Click Update Applicant button to save the changes.
- Also user can see the history of changes at the end of the page.

UPDATE APPLICANT EMPLOYMENT STATUS

- From the search result, user can navigate to update employment status as mentioned above.

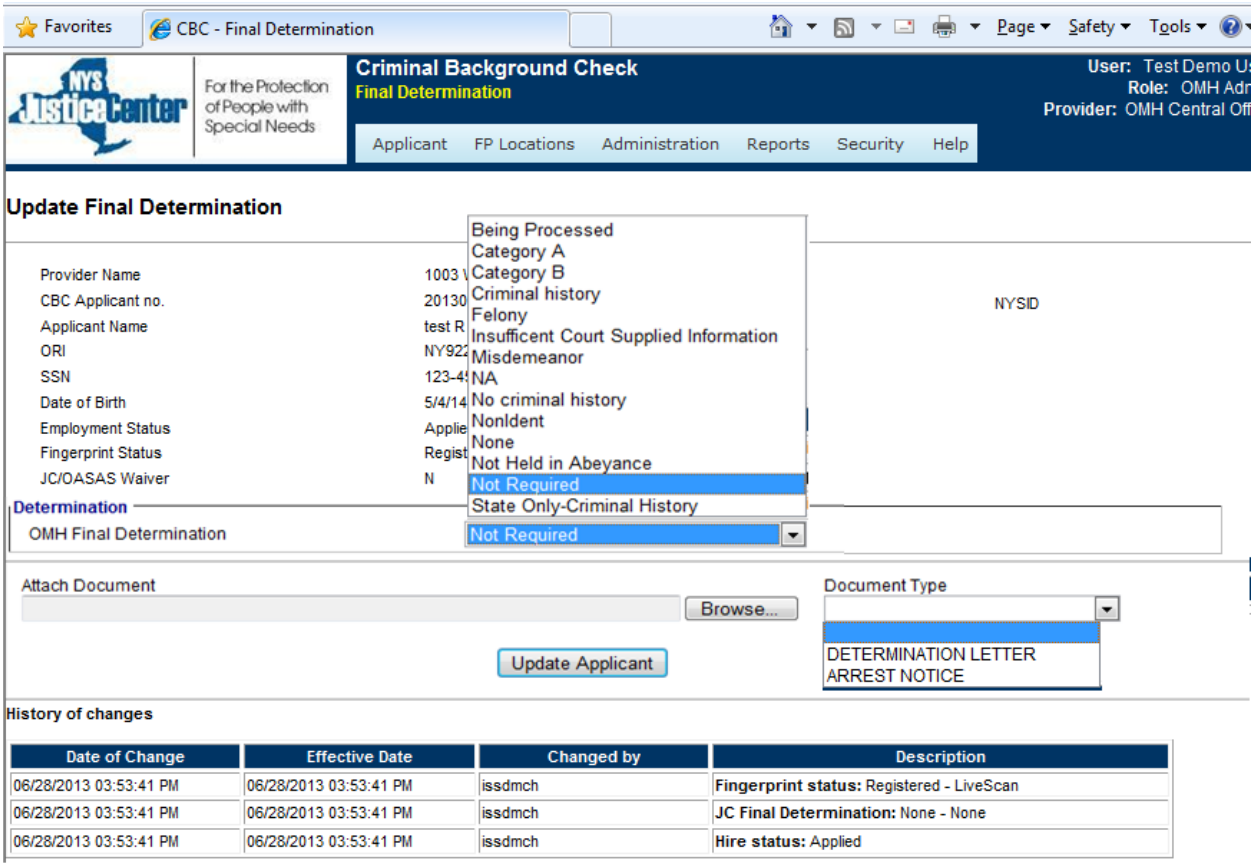


- Select employment status field from drop down menu:

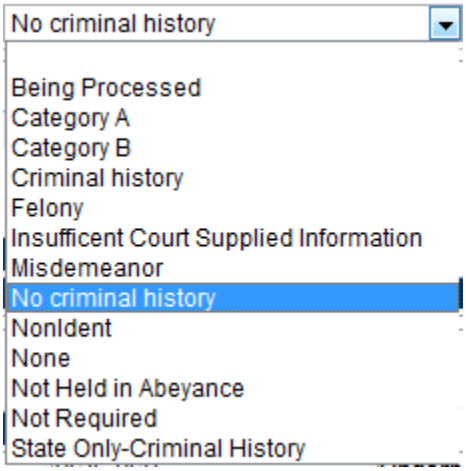


- Click on Update Applicant button to apply the changes.

View and Update Final Determination



- Select the value from the drop down list for Final Determination.



- Click Browse button to upload document for Determination letter/Arrest notice if applicable.

Prefilled Applicant Consent Form

https://cbc.justicecenter.ny.gov/reports/REPORT_VIEWER.ASPX?REPORT_ID=1&person_num=2013055455&a - Windows Internet Exp...

Signature field(s) detected. Open Sign Pane

Test, test 2013055455

NYS Justice Center for the Protection of People with Special Needs (Justice Center) Criminal Background Check Unit 161 Delaware Avenue Delmar, NY 12054 Fax: 518-549-0464 Email: cbc@JusticeCenter.ny.gov	**Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)**	NYS Justice Center For the Protection of People with Special Needs

Part 1. Applicant Information

Last Name:	Test			First Name:	test	M.I.	R
Date of Birth:	05/04/1455	Social Security Number:	123-45-6789	Applicant Type:	Prospective Local Service Employee		
Address:	44 Holland	City:	Albany	State:	NY	Zip:	12229
Facility/Provider:	1003 Walnut Street/dba Sol Stone Center						
State Oversight Agency:	OMH						

Part 2. Attestation

1. I have been advised that as part of the application process, the law requires the facility or provider agency listed above to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes the Justice Center to review and evaluate the results of the criminal history information check received by DCJS and FBI. The Justice Center will provide a summary of NYS criminal history, if any, to the facility or provider agency. A conviction for certain crimes may affect my suitability for employment in this position.
2. I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI and consent to the Justice Center sharing with the facility for provider agency listed above a summary of the NYS criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for employment or volunteer service, or for certification as a natural person operator..
3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.
4. I have been advised that I have the right to withdraw my application for employment or volunteer service, or certification as a natural person operator, without prejudice, any time before employment, volunteer service, or certification as a natural person operator is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.
5. I have been advised that the results of the criminal history information check forwarded to the Justice Center by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.
6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
7. I certify to the best of my knowledge and belief that I (Check as appropriate):
   _____ have been convicted of a crime in New York State or any other jurisdiction.
   _____ have pending arrest charges.
   If checked, provide details: _____
8. I have been advised that my social security number is being requested so that the Justice Center may check whether I am on the Staff Exclusion List which is maintained as part of the Vulnerable Persons' Central Register and that such check is required by Social Services Law §495 and will be performed prior to the criminal history information check. 14 NYCRR Part 702 provides for the collection of social security numbers for this purpose and the failure to provide my social security number may preclude me from being considered for the position applied for.

Applicant Signature:		Date:	
Signature of Parent /Gaudian if applicable under 18 years:		Date:	
Part 3.	**Facility of Provider Agency Authorized Person Information**		
Name:	CAROLYN HODGES	Title:	
Signature:		Email :	

Done Unknown Zone | Protected Mode: Off

Prefilled Fingerprint Authorization Form

https://cbc.justicecenter.ny.gov/reports/REPORT_VIEWER.ASPX?REPORT_ID=2&person_num=2013055455&a - Windows Int...

NYS Justice Center for the Protection of People with Special Needs
Criminal Background Check Unit
161 Delaware Avenue
Delmar, NY 12054
Fax: 518-549-0464
Email: cbc@JusticeCenter.ny.gov

Applicant Fingerprint Authorization Form

Justice Center CBC System

1003 Walnut Street/dba Sol Stone Center
1003 Walnut Street
Elmira, NY 14901-1007
(877) 765-7866

Applicant Information

Last Name:	First Name:	M. I.
Test	test	R

Applicant Number:

2013055455

LIVESCAN LOCATION INFORMATION

SBPC Bensonhurst Outpatient Clinic
8620 18th Avenue
Brooklyn, NY 11214
Phone: (718) 256-8818

Hours of Operation:
Monday - Friday: 10 AM - 2 PM

* Please call ahead to schedule an appointment for fingerprinting *

DIRECTIONS TO SBPC Bensonhurst Outpatient Clinic

The Bensonhurst Outpatient Clinic is located on 18th Avenue, near 86th Street.
The nearest subway station is the 18th Avenue stop, on the "D" Train.
The LiveScan fingerprint station is located at the second floor reception area.

Done | Unknown Zone | Protected Mode: Off