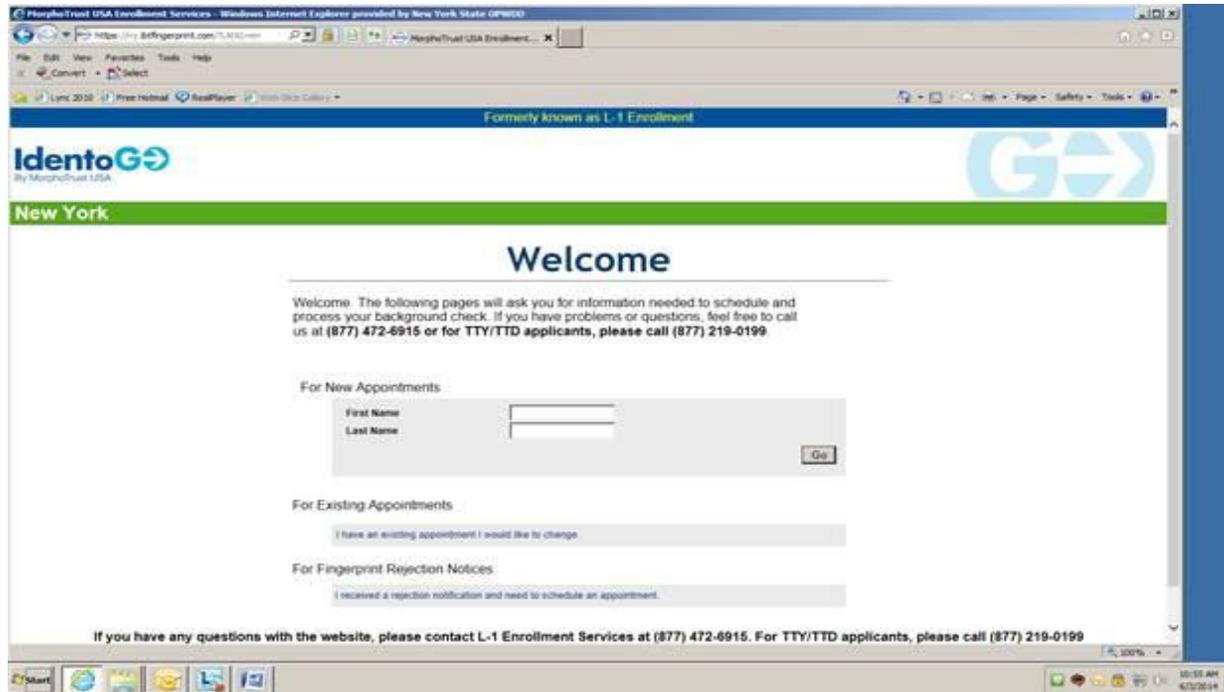


Fingerprint Registration Guidance

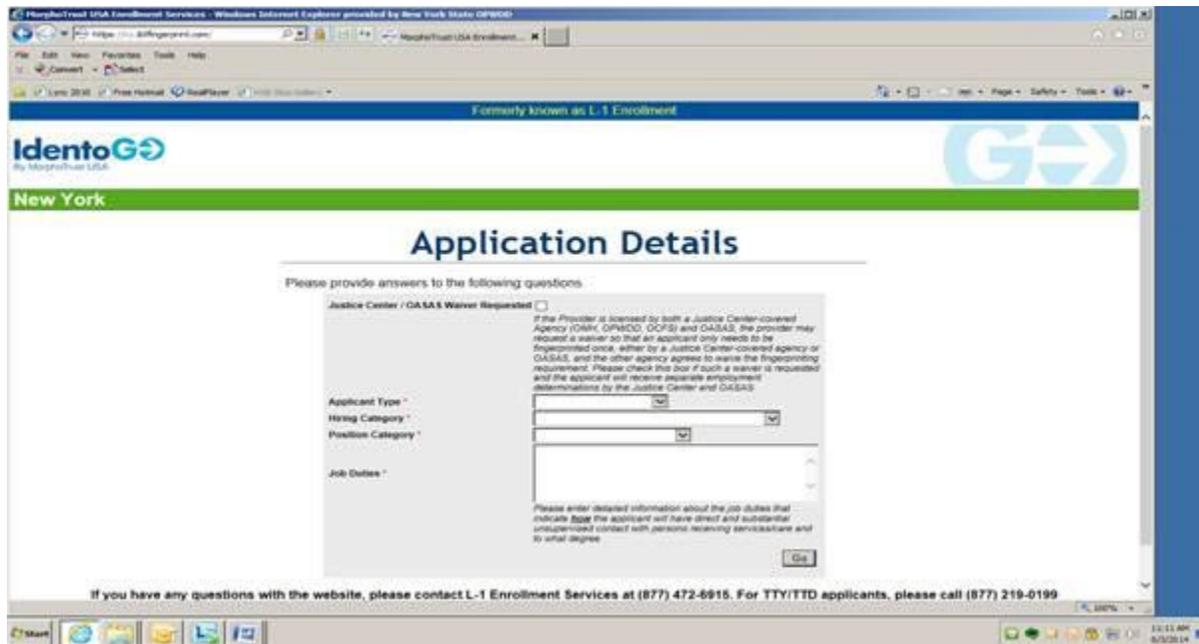
Appointments for fingerprinting should be made by the Provider's Authorized Person either on-line at www.identogo.com or by calling L-1 Enrollment Services at (877) 472-6915. Applicants will not be fingerprinted without an appointment.

To enroll online, OPWDD Providers' Authorized Persons should follow the following instructions:

1. On the "Welcome" registration screen, enter the applicant's name under "For New Appointments."



2. On the next screen, enter **NY922170Z** as the ORI (Originating Agency Identifier) number.
3. Next, a prompt will ask for the Agency Provider Number (five digit identification number). The Provider name will appear and the Authorized Person must confirm that it is accurate. A list of OPWDD provider ids is posted to the Justice Center's website on the Pre-Employment Checks tab.
4. **WAIVERS**: The Justice Center/OASAS waiver is no longer an option. However, if your program operates OMH, OPWDD or OCFS programs and an applicant will or may be working in more than one of these programs, indicate that the Applicant will be working in more than one program in the Job Duties description while registering the Applicant for fingerprinting. Then the Justice Center determination will be applicable to all OMH, OPWDD and OCFS programs operated by your agency in which the Applicant may work.
5. The next screen contains Application Details, see screenshot below. For OPWDD providers:
 - From the Applicant Type drop-down list, select one of the following: **Direct Service Provider, Family Care, Volunteer, or Operator**.
 - From the Hiring Category drop-down, select **New Hire**.
 - From the Position Category drop-down, **select the appropriate field** (e.g., Direct Care, Nursing, Social Work).
 - A detailed Job Description of the applicant's duties must be entered.



6. Upon selecting Go, the next screen is for selecting the fingerprinting location. After entering a zip code or selecting a region, you will see a screen with locations and dates; after selecting a convenient date, move the cursor over “Click to Schedule” and click.

Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

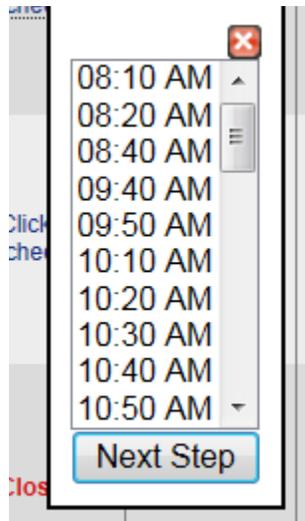
[<-- Return to Start](#)

Locations sorted by distance from 12203

October 24 - October 30 [Next Week >>](#)

[Select Another Region or Zip Code]	Friday 10/24/2014	Saturday 10/25/2014	Sunday 10/26/2014	Monday 10/27/2014	Tuesday 10/28/2014	Wednesday 10/29/2014	Thursday 10/30/2014
Albany - Everett Rd Northeast Testing 21 Everett Rd Ext Albany, NY 12205 Directions	Schedule Full	Click to Schedule	Closed	Click to Schedule			
Albany - Everett Rd -2nd System Northeast Testing 21 Everett Rd Extension Albany, NY 12205 Directions	Schedule Full	Closed	Closed	Click to Schedule			

After doing so, you will see a drop down to select a convenient time:



7. After selecting the location and time for the appointment and clicking Next Step, an Applicant Information screen will appear where the applicant's demographic information is entered. After you have entered all the required information, click [Send Information](#).

Applicant Information

Instructions

Items marked with an * are required. A red exclamation mark will appear to the right of any field that has an error. Click on the exclamation mark for a description of the error.

Applicant Name

Prefix			First Name *	Middle Name	Last Name *	Suffix
			d		keating	G

Applicant Alias or Maiden Name

Prefix		•	First Name	Middle Name	Last Name	Suffix
		•				

[Add Alias \(up to 5\)](#)

Applicant Home Address

Number *	Dection	Street Name *	
Unit Designator			
Country *	City *	State *	Zip Code *
United States			

Methods of Contact

Daytime Phone Number •

Daytime Phone Type •

Evening Phone Number

Evening Phone Type

Daytime Email

Evening Email

Preferred Contact Method •

Preferred Contact Time

Contact Notes/Instructions

Applicant Demographic Data

Date of Birth (MM/DD/YYYY) •

Age •

Gender •

LL Jft (E)in

Weight •

Race •

Ethnicity •

Skin Tone

Hair Color •

Eye Color •

Place of Birth •

Citizen Country •

Social Security Number

United States

After You Have Entered All Required Information ----> [Send Information

8. MorphoTrust will bill OPWDD directly for the cost of fingerprinting. There is no need to enter anything in the payment options field.
9. The enrollment confirmation page should be printed and provided to the Applicant to bring to the fingerprinting appointment.
10. **RECEIPT**: The Applicant will be provided two receipts indicating the Applicant's name, fingerprinting site location, date and time and reason for fingerprinting. The Applicant should provide one of those receipts to the Providers' Authorized Person and retain the other copy for their records.

We recommend that a summary sheet be prepared with the above information, **including ORI number and provider id**, for Authorized Persons who will be registering applicants. Please note that the IdentoGo Enrollment Officers cannot assist in providing any of the above information. Questions should be referred to a specific contact person at your agency.