



Georgia Department of Behavioral Health & Developmental Disabilities
Judy Fitzgerald, Commissioner

Office of Enterprise Compliance

Two Peachtree Street, NW • 1st Floor • Atlanta, Georgia 30303-3142 • Telephone: 404-463-2507 • Fax: 770-359-5473

Gemalto Applicant Registration Form

I, _____

_____	_____	_____	_____	
Last Name	First Name	Middle Initial		
_____	_____	_____	_____	_____
Social Security No.	Height	Weight	Eye color	Hair Color
_____	_____	_____	_____	
Date of Birth	Sex	Race		
_____	_____	_____		
_____	_____	_____	_____	_____
Street Address	City	State	Zip	
_____	_____	_____	_____	
_____	_____			
Provider	Position Applied For			

I am aware that a fingerprint-based background check is required for employment with a DBHDD network provider under Policy 04-104. 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 Gemalto explaining the status of my request. I understand that incomplete forms or inaccurate information will delay approval process.

Signature

Date



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TO: DBHDD Provider Network

FROM: DBHDD Office of Enterprise Compliance
Criminal History Background Checks Section

RE: Gemalto Applicant Registration Notification

Please send notification forms to CHBC by facsimile to (404), 656-0008 or via email at DBHDD.REG@DBHDD.GA.GOV with this Cover Sheet after completing the information required below:

Provider Name _____

Applicant Name _____

Name of Direct Contact _____

Contact Phone Number _____

Email address _____

*****The Notification Form and Cover Letter are Mandatory for Processing*****

If you have questions, please contact our office at 404-232-1541, 404-463-2507 or 404-232-1641.