### CAN CHECK REQUEST USER GUIDE

This guide will show you how to successfully submit a Central Registry Check for Campbellsville University School of Nursing



#### WHAT YOU NEED TO BEGIN

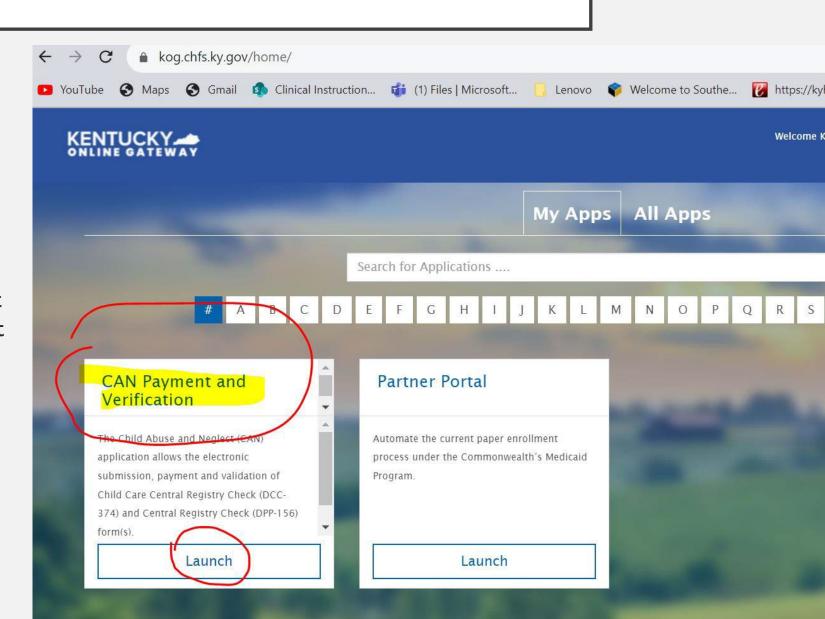
- Make sure you are using Google Chrome as your browser on a desktop not a mobile device.
- CAN Checks can take up to 30 days for completion. Please ensure you are submitting in appropriate time frame to allow completion for clinical requirements.
- Please have at least one form of supporting identification documentation saved to your computer for uploading to application when prompted
  - Approved Documents:
    - Driver's License, State ID, Birth Certificate, Social Security Card, Passport OR Work ID
  - Document File Types (only the following file types are accepted):
    - .jpeg , .png , .bmp , .pdf
  - Please remember to proof your documents and make sure they meet the following criteria:
    - Document image is clear and can be clearly recognized and read
    - File size is 2mb or smaller
- If you are under age 18, a copy of the Parental Consent form must be uploaded along with the supporting document from the list above (This form is found on the Home Page under the Instructions Section)
- Please have credit/debit card information. A non-refundable payment will be required for completion.

#### STEP BY STEP INSTRUCTIONS

Open your browser and enter the following URL:

sso.kog.ky.gov

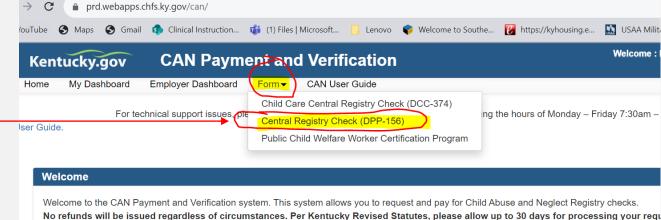
- Sign in if you already have an account with Kentucky Online Gateway, if not select create account.
- 3. Launch the "CAN Payment and Verification" option



Once the CAN browser opens, use the "form" drop down menu and select the option "Central Registry Check (DDP-156)"

#### CENTRAL REGISTRY CHECK

OR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:
☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
☐ Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency/Wilderness) (Required by 922 KAR 1:300)
☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160,380)
☐ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
Michelle P. Waiver (Required by 907 KAR 1:835)
☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
☐ Children's Advocacy Center (Required by 922 KAR 1:580)
☐ Court Appointed Special Advocate(CASA) (Required by KRS 620.515)
☐ Personal Care Attendant (Required by 910 KAR 1:090)
Other
(If you are requesting this check due to it being required for an out of state employer, please include the statutory or regulatory authority for that state that requires the check be completed. If none of the above categories are applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request. If a regulation or statute is not listed, your request will be cancelled and no refund will be issued.):

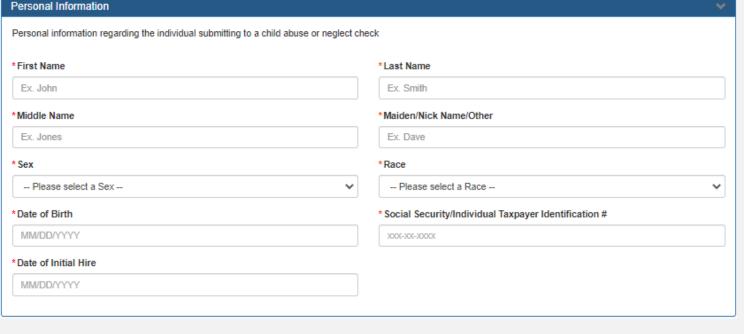


Instructions

- To begin a new request, select the correct form from the Form Menu located in the upper left hand corner. . For requests related to a licensed, certified or registered child care or an out of state child care employee, please complete the Child Check (DCC-374).
  - For all other child abuse neglect checks, please complete the Central Registry Check (DPP-156).
  - FOR MINORS UNDER THE AGE OF 18, you must upload the parental consent form AND a photo ID of the person signing the parental your request to be processed. The request will be denied and your money will not be returned if these items are not uploaded
  - · Child Abuse Neglect checks are for EMPLOYMENT/VOLUNTEERS purposes ONLY. If you need records for any other reason, please c CHFSDCBS.RMS@ky.gov
    - Select from the categories list: "Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)"

#### AND

- "Michelle P. Waiver (Required by 907 KAR 12:010)"
- Once selected, continue to scroll down and enter all the required **Personal Information** fields

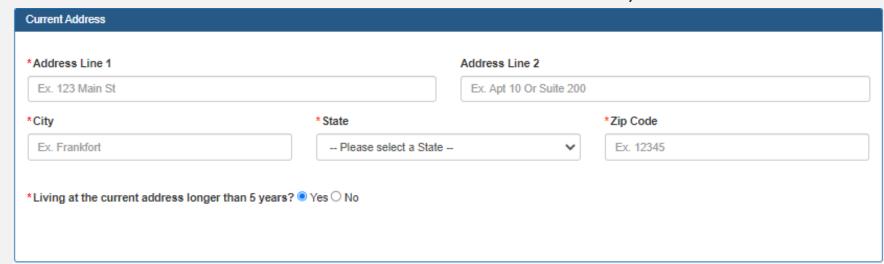


#### 7. Enter Personal Information

- ALL PERSONAL INFORMATION FIELDS ARE REQUIRED.
- IF EITHER "MIDDLE NAME" OR "MAIDEN/ NICK NAME/OTHER" IS NOT APPLICABLE ENTER "N/A".
- IF YOU DO NOT HAVE A SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER, PLEASE ENTER ALL NINES IN THE SSN FIELD AND THEN USE THE "OTHER" BOX UNDER "REGULATIONS" TO EXPLAIN WHY YOU ARE USING ALL NINES.

#### 8. Enter Current Address

- ALL FIELDS ARE REQUIRED EXCEPT FOR ADDRESS LINE 2 (OPTIONAL)
- IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS FOR LONGER THAN 5 YEARS, PLEASE MARK THE QUESTION AS YES AND PROCEED TO THE "EMPLOYER SECTION".
- IF YOU HAVE LIVED AT OTHER LOCATIONS IN THE LAST 5 YEARS, PLEASE MARK THE QUESTION AS NO.
  - If you select no, a second question will appear asking if your previous address is/was international.
    - If yes continue to the "Employer Section"
    - If no, the "Previous Address section will populate.
      - Click on "Add Previous Address"
      - If you have more than one additional address, click on "Add Previous Address" again until you have entered all the necessary addresses.



#### 9. Employer / Agency Information

Please select the box under Employer / Agency
Information to authorize the information being
sent to Campbellsville University School of
Nursing

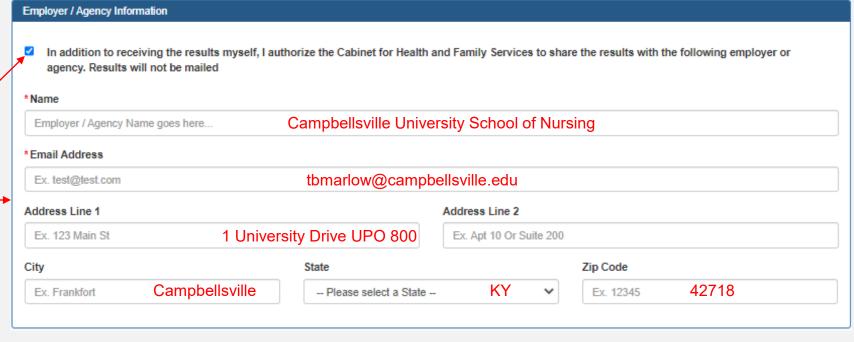
Enter the information in the field below the checked box exactly as you see here.

If the check does not get sent to the correct person, you will have to reorder and pay for an additional check as the fee is non-refundable.

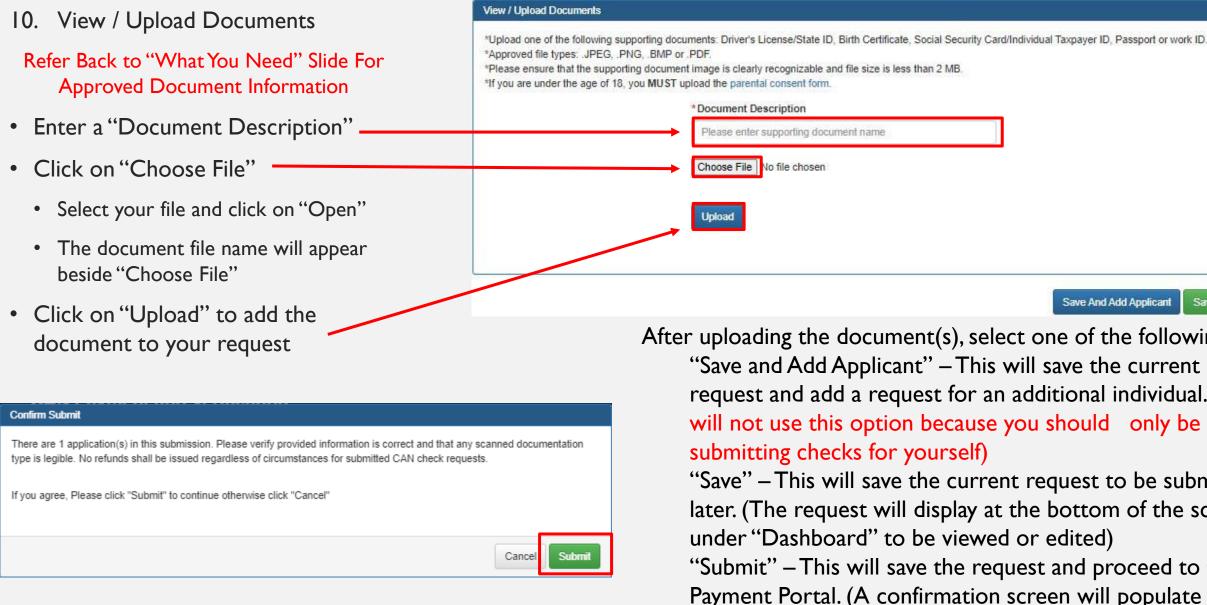
#### \*\*\*PLEASE DOUBLE CHECK THIS INFORMATION\*\*\*

If an email address is entered that is not associated with a KOG login, you will get a message in red under the email box stating the Employer address does not exist in the system or is incorrect.

Results will not be mailed to an Employer or Agency. Only valid emails associated with a KOG account will have the results sent to them electronically.







Save And Add Applicant After uploading the document(s), select one of the following: "Save and Add Applicant" - This will save the current request and add a request for an additional individual. (You will not use this option because you should only be submitting checks for yourself) "Save" - This will save the current request to be submitted later. (The request will display at the bottom of the screen under "Dashboard" to be viewed or edited) "Submit" – This will save the request and proceed to the Payment Portal. (A confirmation screen will populate prompting you to either "Cancel" or "Continue to Submit")

- For all other chird abuse neglect checks, please complete the Central Registry Check (DPP-150).
- FOR MINORS UNDER THE AGE OF 18, you must upload the parental consent form in order for your request to be processed. The request will be denied and your money will not be returned if this item is not uploaded.

Document Description

Please enter supporting document name

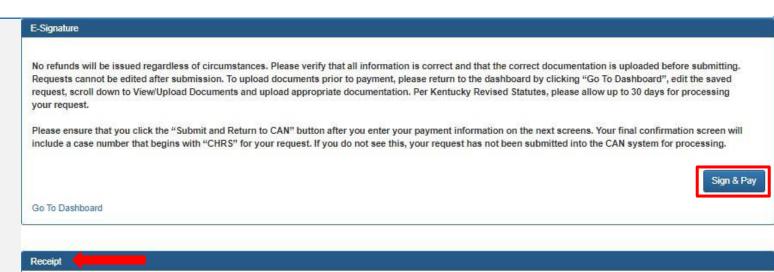
Child Abuse Neglect checks are for EMPLOYMENT/VOLUNTEERS purposes ONLY. If you need records for any other reason, please contact.

#### 11. Choose Payment

- Select the "Pay by Credit/Debit Card" Option
- Select "Proceed to E-Sign"

# If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue Do you have Agency Payment Code? Agency Payment Code Pay by Credit/Debit Card Proceed to E-Sign

Select "Sign & Pay"



To retain a copy of the payment receipt for your records, please use the print option on either of the two payment confirmation screens before returning to the dashboard. Receipt will be automatically sent to the email address which you have used for CAN.

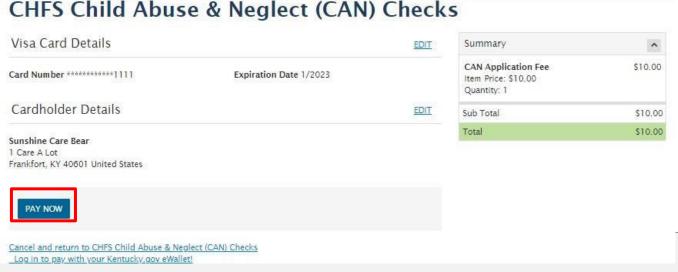
#### 12. Enter Payment Information

• Enter your credit/debit card information on the "Select Payment Type" screen

All fields are required except for "Address Line 2" and "Email Address"

The fee is \$10.00 per CAN check application and is **non-refundable** 

Select Next to continue to the "Payment Overview"

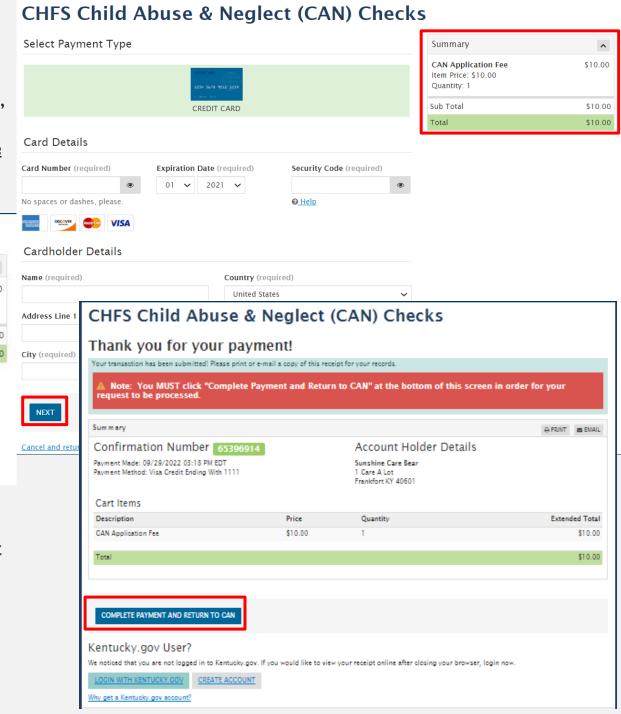


If all of the details are correct select "Pay Now"

After successfully submitting payment, a CAN Check Request Receipt will be displayed with a Confirmation number of the payment and can be printed or emailed.

• Click on "Complete Payment and Return to CAN"

If "Complete Payment and Return to CAN" is not selected, the application will not be submitted for review



#### CONFIRMATION AND RESULTS

Once the Payment is complete a confirmation screen will populate and an email will be sent to the address on file for the application.

A Case Number will be given starting with CHRS.

The status of the request will be updated to Submit.

Note - Please allow up to 30 days for processing. When your results are complete you will receive a confirmation email at the address on file and you can return to your dashboard to view/print the results.

## Printing/Saving: Once your CAN check is complete you will be able to view, print and save the results.

- I. Launch the CAN Payment and Verification app from the KOG apps page.
- 2. Go to My Dashboard and scroll down to where your application is listed.
- 3. Click on Print.
- 4. Click on the dropdown arrow next to the Disk image and select PDF.
- 5. Open the PDF, you will be able to print and/or save the completed CAN check.

