CHRI Applicant Portal – Schedule New Appointment

Applicant Portal can be found at https://services.dos.nh.gov/chri/cpo/

1. From the home screen, single-click "Schedule a New Appointment".

Schedule NEW Fingerprint & Criminal Record Check Appointment	Reschedule Existing Fingerprint & Criminal Record Check Appointment	Cancel Existing Fingerprint & Criminal Record Check Appointment
To schedule a new appointment, click the button below.	To reschedule your appointment, click the button below to locate your existing appointment	To cancel your appointment, click the button below to locate your existing appointment
Before you begin, please click <u>here</u> to read the instructions. Schedule a New Appointment	An appointment can be rescheduled twice, free of charge. Reschedule an Appointment	Only "Cancel" if you do not need a fingerprint appointment. If you wish to change your appointment date, please select the "Reschedule" option. Cancel an Appointment
Request Online NH Criminal Conviction Check To obtain State of New Hampshire public		Resubmission Appointment If your fingerprints have been rejected an you have been asked to resubmit your
conviction records ONLY, click the button below.		fingerprints, click the button below to locate previous appointment.
Request Online NH Criminal Conviction Check		Schedule a Resubmission Appointment

Review the content found under "General Information", "User Agreement" and "Challenge Record Notice." Single-click the box to certify that you have read and understood, then select "Next".

a. If you need to return to the home page, click "Back" or click the home icon in the upper left-hand corner.

General Information

• To request a Criminal Conviction check, you will need the Name and Date of Birth of the individual for whom the Criminal Conviction Record Information is needed and a valid credit card or debit card that can be processed as a credit card.

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- Fees for NH Criminal Conviction checks are non-refundable.
- Results are reflective of information in Criminal Records at the time and date of request.
- Criminal Conviction check results will be delivered in PDF format. Adobe Reader is recommended to review and/or print the results. <u>Click here to</u> <u>download</u>
- In some instances manual processing of results may be required. This may cause a delay in results being made available.
- · Certified results will contain an indicating watermark

User Agreement

• RSA 106-B:14 governs the release of Criminal Conviction Record Information to the public.

• RSA 641:7 Tampering With Public Records or Information - Alteration of any report is prohibited by law.

• No individual, or public or private agency receiving Criminal Conviction Record Information shall make available, or otherwise disclose such information to another person for any purpose.

Challenge Record Notice

Saf-C 5703.12 Procedure for Correcting a Criminal Conviction Record.

(a) Persons or their attorneys desiring access to their Criminal Conviction Record Information for the purpose of challenge or correction shall appear at the central repository.

(b) A copy shall be provided to a person if after review he or she indicates he or she needs the copy to pursue the challenge.

(c) Any person making a challenge shall identify that portion of his/her Criminal Conviction Record Information which he or she believes to be inaccurate or incorrect, and shall also give a correct version of his or her record with an explanation of the reason that he or she believes his/her version to be correct.

(d) The director shall take the following actions within 30 days of receipt of challenge:

(1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid;

(2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and

(3) If the challenge is invalid, the person shall be so informed.

(e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction.

(f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which they pass, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

Please click here for the

- FBI Privacy Act Statement
- Exchange of FBI identification records
- · Procedure to obtain change, correction or updating of identification records

I certify that I have read, understand and agree to the above policy and procedures related to the NH Criminal Record/FBI Criminal Record check



- 3. On the "Agency Selection" screen, select the type of agency that the results will be sent to from the drop-down menu then click the "Next" button.
 - a. If you need to return to the previous screen, click the "Back" button.

New Hanpshire Crimin	al Records Portal						
*							an official New Hampshire government web
	Agency Selection	٩			٠	٠	<u>~</u>
	→ Please select the employment or lice Agency to select, or the Agency does n for results delivered in error due to the → To select an agency first select the A drop down. Once the agency type is sel → Note: For 'School Transportation A will incur an additional SS charge.	ot appear in the selection applicant selecting the inc gency Type from the drop lected then find and select	please contact the Ager correct Agency. down list. Selecting the the specific agency you	ncy you are applying to. agency type will narrow wish your results to be	Please note: The Depart v the number of agencie delivered to.	tment of Safety is not res	ponsible ct Agency
	Select Type (Select Agenc		Licensed Nursin (MNA), Register "Nursing Home	ies to the following profe g Assistant (LNA), Licensi ed Nurse (RN), and Nursi Administration", as that was not included in the l	ed Practical Nurse (LPN) ing Instructor. Please en option is often mistaker	ice Registered Nurse (AP). To dication Nursing As issure your desired choice hy selected as "Board of C for confirmation.	istant is not
						Back	Next

- 4. On the Agency Confirmation screen, confirm that the type of agency and specified agency identified to receive results are correct. Check the box to certify that you are choosing the correct agency type then click "Yes"
 - a. If changes are needed, click "No".

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Agency Confirmation		0	0	0	0
→ Please confirm that the agency(s) you have se	elected are listed below. These ager	cies will get your backgrou	und check report.		
Type of Agency: Board of Nursing This option applies to the following professio (LPN), Medication Nursing Assistant (MNA), Re Administration", as that option is often mistak confirmation.	egistered Nurse (RN), and Nursir	ig Instructor. Please ensu	are your desired choice	is not "Nursing Home	
BOARD OF NURSING	Phone - 60	7 EAGLE SQUARE, CONCO 132712323 ırd.questions@oplc.nh.gov			
I certify that by checking this box, my results are add to be available.	e to be disseminated to above listed	agency(s). This cannot be	undone and selecting the	e incorrect agency will requir	re an
				No	Yes

- 5. Enter the applicant information.
 - a. Please note: last name and date of birth are required fields.

New Hampshire Criminal	Records Portal					
*					á	an official New Hampshire government website
	8 0	s		•		~
	Applicant					
	First Name	First Name	Middle Name	Middle Name		
	Last Name *	Last Name	Suffix	Please Select		~
	Maiden Name	Maiden Name	Date of Birth *	MM/DD/YYYY		
	Have you ever changed yo	ur name since birth? (Married? Divorced? Court orde	er name change?) Add/Edit Ali	as		
					Back	lext

6. If the applicant has any previous last names, click the "Add/Edit Alias" and update with all aliasesa. Please note: last name is a required field for aliases.

7	Click "Add"	after entering	alias details	then	click "OK"
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*					an officia	I New Hampshire goverment website
	Applicant Names	0	• •	٠	٠	ల
	First Name	First Name	Middle Name	Middle Name		
	Last Name *	Last Name	Suffix			~
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NH.gov privacy policy acce	essbility policy					copyright 2020. State of New Hampshire

- 8. This will return you to the Applicant screen where you will click "Next" to proceed.
 - a. If you need to return to the previous screen, click the "Back" button.

- 9. Enter applicant's contact information. At least one phone number and type is required as is email address. Email address must be entered a second time to confirm and cannot be copy/pasted.
- 10. Select contact preference, then click "Next" to proceed.
 - a. If you need to return to the previous screen, click the "Back" button.

Contact Details Phone1 * Phone1 Phone2 Phone2 Phone3 Type * Email Address * Email Address Contact Preference * Phone & Email Address	Applicant Contact	0 0	• •	• •	Ś
Phone1* Phone1 Type* Please Select Phone2 Phone2 Type Please Select Ernail Address* Ernail Address Confirm Ernail Address* Contact Preference* O Phone	Contact Datalla				
Email Address * Email Address Confirm Email Address * Confirm Email Address * Confirm Email Address *		Phone1	Тури *	Please Select	v
Contact Preference * Phone Email Address	Phone2	Phone2	Type	Please Select	~
Contact Preference * O Phone O Email Address	Email Address	Email Address		Confirm Email Address	
Bock Next	Contact Preference *	O Phone O Email Address	Address -		
					Bock Next

- 11. Enter applicant legal address information. Check the box if mailing and legal address are the same.
- 12. If mailing address is different, enter legal mailing address and click "Verify Mailing Address" to confirm.
- 13. Click "Next" to proceed.

a. If you need to return to the previous screen, click the "Back'

Applicant Address	0 0	••••	٠	• •
Address Where	You Live (Legal)			
Street *	Greet	City *	City	
State *	EW HAMPSHIRE	√ Zip Code *	Zip Code	
	egal Address are same You Get Your Mail (Mailing)	n Address		
Street *	Street	City *	City	
State *	NEW HAMPSHIRE	✓ Zip Code *	Zip Code	
				Vick Norst

- 14. View available appointments by first selecting a date and clicking "Search".
 - a. You can narrow your search for appointment by selecting a time range.

New Hampshire Criminal R	lecords Portal	
*	an official	New Hampshire government website
	Schedule an Appointment	
	To schedule an appointment for fingerprinting, enter a date using MM/DD/YYYY format. To narrow down your search, you have the option of selecting a window of time. Once you find the appointment date and time that you want to book, click on it and then click next. Please note that appointments must be booked within 90 days of today's date. Date * MM/DD/YYYY appointment between v and v Search	
	Back Next	
NH.gov privacy policy accessibility policy		copyright 2020. State of New Hampshire

- 15. Click "Location" from the drop down box to select where you would like to have your fingerprint appointment.
- 16. Single-click to select the appointment time that you would like to schedule.

\rightarrow Once you find the a	ointment for fingerprinting, enter a d your search, you have the option of selec ppointment date and time that you w pointments must be booked within 90	ting a window of time. ant to book, click on it and the			
Date *	08/25/2022	appointment between	08:00 AM 🗸	and	04:00 PM ~
Please select a location Location *	to see the number of appointmer CONCORD - 9 timeslot Available	Address: CON	ICORD – DEPARTMENT OF HAZEN DRIVE, CONCORD,		, 1ST FLOOR
Арро	intment Start Time		lumber of Appointments	Available	
	11:50 AM		1		
	11:50 AM 12:10 PM		1		
			1 1 1		
	12:10 PM		1 1 1 1		
	12:10 PM 01:10 PM		1 1 1 1 1 1		
	12:10 PM 01:10 PM 01:30 PM		1 1 1		
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	12:10 PM 01:10 PM 01:30 PM 01:50 PM 02:10 PM 02:50 PM		1 1 1 1 1 1 1		

- 17. Click "Next" to proceed.
 - a. If you need to return to the previous screen, click the "Back" button.
- 18. On the confirmation screen, review all applicant information and appointment details.
 - a. If you wish to start the scheduling process over, click "Start Over".
 - b. If corrections are needed, click "Review & Change Information".
- 19. If all information is correct, check the box certifying that the information entered is true and accurate.
- 20. Click "Pay By Credit Card" to enter the payment information.

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				an officia	l New Hampshire g
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Confirm Your Appointme	ant Dataile	-	-	• •	<u> </u>
	pointment slot for 15 mins whi pointment is not reserved until				
→ Review all information	on that has been entered for th	e applicant, agenc	y receiving results, and appo	vintment details. he screen and make applicable changes.	
 If no changes an 	re required, select "Pay Now" to tart again, select "Start Over" b	proceed to the p			
Customer Information	n				^
Confirmation #	A01840				
First Name	TESTER246		Middle Name		
Last Name	AKC		Suffix		
Date of Birth	02/22/1980		Email Address	amy.k.carter@dos.nh.gov	
Cell Phone	(603) 555-1212		Home Phone		
Legal Address	33 HAZEN DRIVE, CONCORE),NH.03305	Mailing Address	33 HAZEN DRIVE, CONCORD, NH, 033	:05
Fingerprint Appointme	ent Details				^
Date	01/22/2021		Time	10:45 PM	
Location	123 SOME ST,CONCORD,NH	1,03301			
Receiving Agency Deta	ails				~
Agency Name		Address			
BOARD OF NURSING			CONCORD NH.03301		
Service & Payment Su	mmary				^
Services				Fee Amount	
NHSP Criminal Record				\$25.00	
NHSP Administrative Fe	ee			\$10.00	
FBI Fee - Employee				\$13.25	
			Total Amount	\$48.25	
Constitution of information	mation up to this point is too	and this applicat	ion is signed upday popular	of unsworn falsification pursuant to RS	A 641-3
	macion up to this point is true	and this applicat	ion is signed under penalty	or answorn raisincation pursuant to KS	A 041.5
Literating that all infor					

- 21. Enter credit card information and click "Pay" to submit payment.
 - a. Click "Cancel" to cancel the transaction.

ment Processing			
	Card Holder Name:		
	Credit Card Number:		
	oreatt cara reamber		
	Expiration Date:		
	CVC Number:	0	
	Order ID:	A38042	
	Total Amount:	USD \$ 48.25	
]	Cancel	Pay \$48.25	
If you think your payment has processed, AND have • Do not "Refresh" your screen.	not received your confirm	ation email :	
Do not hit the "Back" button on the browser.			
 Do not make another payment. 			
be not make another payment			
Please contact the NH State Police at email Cri	minalRecordUnit@dos.nh.	gov or call 603-223-3867.	

- 22. On the receipt screen you will be provided with your confirmation number, appointment details, payment summary, and additional information pertaining to the appointment.
- 23. To print a copy of the confirmation, Click the print icon " $\textcircled{\bullet}$ ".
- 24. Click done when you are finished reviewing the appointment information.

			an of	ficial New Hampshire go
Receipt				₽
We have processed y	your payment successfully. Your Confirmati	ion # is A01841 and appointment d	etails are below:	
Date	01/22/2021	Time	11:30 AM	
Location	123 SOME ST,CONCORD,NH,03301			
Service & Payment S	Summary			
Services			Fee Amount	
NHSP Criminal Record	d Check Fee		\$25.00	
NHSP Administrative	Fee		\$10.00	
FBI Fee - Employee			\$13,25	
		Total Amount	\$48.25	
		Iotal Amount	110.23	
Your appointment de	etails have been sent to the email address	provided.		
	receipt as the confirmation number will be neede tes prior to your scheduled appointment time an			
(driver's license; Real I	ID; non-driver's license; passport) as well as your	appointment confirmation.		
Cancellations - You m	ay cancel your appointment 24 hours in a	dvance of the scheduled appointme	ent.	
* You will need your con	firmation number to enter the site and cancel t	he appointment.		
* You will need your con	firmation number to enter the site and cancel t	he appointment.		
* Refunds All fees subm	itted will be considered non-refundable as the S		some record results will be available to a	requesting
	itted will be considered non-refundable as the S		some record results will be available to a	requesting
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* Refunds All fees subm	itted will be considered non-refundable as the S		some record results will be available to a	

25. You will also receive a confirmation via email.

Process Date : 01172021

Hello,

Your fingerprint appointment has been scheduled successfully.

First Name: TESTER246 Last Name: AKC Date of Birth: 02/22/1980

New Confirmation Number: A01841 Appointment Date/Time: 01/22/2021 11:30 AM

Fingerprint Location: LOAD TEST LOC - DO NOT MODIFY

If you have not requested this appointment, please contact NH Criminal History department regarding the same.

Regards, NH Criminal History Unit

*** This is an automatically generated email; please do not reply to this email. ***

Build:21.01.07.44, 01-15-2021 07:44 AM, Server:UNKNOWN