Georgia Department of Behavioral Health & Developmental Disabilities

Kevin Tanner, Commissioner

Division of Strategy, Technology, & Performance

Applicant Registration Form

Applicant Information *(to be completed by applicant)*

I, ____

Last Name First Name Middle Initial

____

Date of Birth Sex Race

____

Street Address City State Zip

____

Position Applied For

am aware that a fingerprint-based background check is required for employment with a DBHDD Network Provider under Policy 04-104 or as an Individual Provider under Policy 04-111. 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 Fieldprint explaining the status of my request. I understand that incomplete forms or inaccurate information will delay the approval process.

____

Signature

____

Date

Provider Information *(to be completed by provider)*

Applicant is:

☑ Contractor Providing Care and Treatment ☐ P-card only ☐ Individual Provider

Provider Agency Name	**Metnurse Health Services, Inc.**
Provider Contact Name	**Dr. Stephen Okwuadigbo**
Provider Contact Phone Number	**(678) 694-7180**
Provider Email Address	**mhs@metnurse.com**
Contingent Agency Name/Hospital Location (if applicable)	**N/A**

Please submit form via email at dbhdd.reg@dbhdd.ga.gov or via fax at (404) 656-0008. If you have questions, please contact our office at 404-232-1541 or 404- 232-1641.