

# Early Childhood Education & Care Department (ECECD) Background Paperwork and Fingerprinting Process

Step 1: The applicant must register for fingerprinting at:  
[https://www.aps.gemalto.com/nm/index\\_NM.htm](https://www.aps.gemalto.com/nm/index_NM.htm)

**Applicant Processing Services**

Gemalto Thales, as the fingerprinting vendor, we have been experiencing several requests from fingerprint site locations offering limited hours or temporary closures due to the COVID-19 pandemic. Your patience and understanding is appreciated during this unprecedented time. Please continue to check the location's availability listing for updates at [www.aps.gemalto.com](http://www.aps.gemalto.com) before choosing to visit. Gemalto /Thales is committed to making appropriate website updates as the changes are requested.

Click here for a message to all fingerprint sites regarding the coronavirus (COVID-19) situation

Please be aware Gemalto performs system maintenance every 3rd Saturday of the month, service may not be available during this time.

**Contact Links**

- New Mexico Department of Health
- New Mexico Department of Public Safety
- Gemalto Cogent Contact Information

**Helpful Links**

- Gemalto Cogent's Privacy Policy
- How to become a fingerprinting site
- Gemalto Cogent W-9
- CCW Licensing FAQ

**Applicant Use**

- Register Online for a Background Check
- Refund Policy
- Already registered with DOH? Click here
- Cancel an existing Registration
- Modify an existing registration
- Print a registration receipt
- Print a fingerprint submission receipt
- Out of State Applicants - Hardcopy Cards

**Useful Information**

- Fingerprint Location Map
- FAQs - Answers To Common Questions
- Process Overview - Registration, Fingerprinting & Results
- Gemalto Cogent Contact Information
- Fees & Payment Information
- CCW Licensing FAQ

**Agency Use**

- Agency Login (Billing, Reporting, CHRI)
- Agency Payment Account Descriptions
- Agency Payment Account Enrollment
- Enroll for CHRI Reviewing account
- How To Fund An Escrow Account
- CHRI Enrollment FAQ

**Fingerprint Site Use**

- Fingerprint Site Login
- Interested in becoming a fingerprint location? Click here!

**The ORI is as follows:**

NM920120Z

CYFD CHILD CARE LICENSING BUREAU

32A-15-3 CHILD CARE LICENSING

**\*Please note that when it comes to the fingerprint registration it is imperative that the employee completes the information EXACTLY like it is on their driver's license or identification card. If it's not precise, they will be rejected at the fingerprint facility. They will then be required to modify their registration which will add time and inconvenience to the process.**

Step 2: When employee has completed the fingerprint process, the “Applicant Written Statement” and the “Employer Statement” must be filled out and emailed to: [ECECD.BCU@state.nm.us](mailto:ECECD.BCU@state.nm.us).

**APPLICANT WRITTEN STATEMENT**

**INSTRUCTIONS:** All questions must be answered completely and to the best of your knowledge. Answers left blank may result in the rejection of the application.

**Fingerprint Registration Number:** \_\_\_\_\_

**Facility Information**  
 Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Physical Address of Applicant's Service \_\_\_\_\_

**Personal Information**  
 Full Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Current Physical Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address (optional) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Previous Address (last five years, most recent first, and include number, street, city, state, zip code.) (If you need more space, use a separate sheet of paper.)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Current Marital Status (check one):**  Single  Married  Separated  Divorced  Widowed

**Current Spouse/Significant Other (First Middle Last)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Full Name(s) and Dates of Birth of all Children, Adopted Children, Foster Children, and other Children who have lived in your household(s) within the past five years. (If you need more space, use a separate sheet of paper.)**

First Name	Middle Name	Last Name	Date of Birth (month, day, year)

**Full Name(s) and Dates of Birth of all Adults who have previously lived with you (within the past five years) (If you need more space, use a separate sheet of paper.)**

First Name	Middle Name	Last Name	Date of Birth (month, day, year)

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**Full Name(s) and Dates of Birth of all Adults who are currently living with you (If you need more space, use a separate sheet of paper)**

First Name	Middle Name	Last Name	Date of Birth

**Name(s) and Place(s) of School(s) attended, along with graduation dates (High School, University, College, and Vocational Training) (If you need more space, use a separate sheet of paper)**

Name of School	Location of School	Graduation Date	Type (high school, college, etc.)

**Employment History (last ten years, include dates of employment (or explain gaps in employment) (If you need more space, use a separate sheet of paper)**

Employer	Start Date	End Date	Explain Break in Employment

**IF YOU DO NOT UNDERSTAND THESE QUESTIONS, PLEASE SEEK GUIDANCE BEFORE ANSWERING THEM:**

Have you ever been involved in a CYFD investigation of abuse or neglect of children or adults as the alleged perpetrator or household member? If so, provide the dates of all such investigations and the outcome of those investigations. NOTE: Failure to provide this information may lead to denial of your application.

Yes, I have been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member.  
 No, I have never been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member.

Have you ever been charged with, arrested for, or convicted of a crime? NOTE: Failure to provide this information may lead to denial of your application.

Yes, I have been charged with, arrested for, or convicted of a crime. (Provide an explanation and disposition).  
 No, I have never been charged with, arrested for, or convicted of a crime.

I understand that information submitted will be used to conduct an FBI required background check and I hereby affirm under penalty of perjury that all the answers given on this statement are true and accurate to the best of my knowledge. By signing this affirmation, I am acknowledging that any intentional, negligent, or unintentional misstatements or omissions will be grounds for denial of my application. If I do not understand any of the questions, I will seek help and ask for more information.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**EMPLOYER STATEMENT**

Name of Facility or Program \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Physical Address of Applicant's Employment \_\_\_\_\_

I, \_\_\_\_\_, authorized representative, hereby attest that \_\_\_\_\_ is an applicant for employment, an employee, contractor or volunteer with our organization. This applicant, employee, contractor or volunteer requires an ECECD background check pursuant to R.S. 13-2-102 and has direct care responsibilities or potential unsupervised access to care recipients. I understand that by signing this statement, our organization waives any claim that this applicant, employee, contractor or volunteer does not have direct care responsibilities or does not have potential unsupervised access to care recipients in the event that he/she is determined to be an unreasonable risk and denied background check eligibility.

I further attest that our organization has or could have primary custody of children for twenty hours or more per week.

Signature of Employer Representative \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Date \_\_\_\_\_

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Lastly, if there is an e-mail address provided on the Employer Statement, you can expect a preliminary clearance email which will allow the individual to be on the work site under supervision until the background process is complete. When the process is complete, clearance letters will be mailed to the facility.