

CHRC PROGRAM

NYS DEPARTMENT OF HEALTH
CRIMINAL HISTORY RECORD CHECK

Implementation

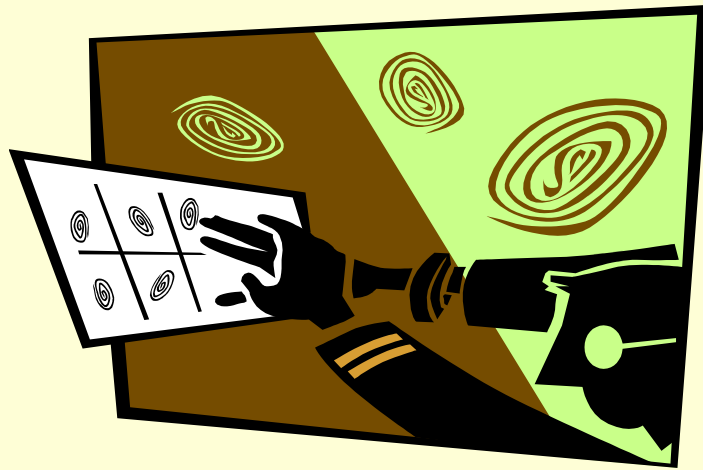
- Effective January 1, 2015 new prospective employees for ACFs will require to be fingerprinted (SSL Section 461 subsection t)
- Dear Administrator Letters – October (Announces CHRC and Basic Steps) and December (Step-by-Step to perform a background check)
- Training – 2 live sessions planned for December 9 and 10 in NYC; additional training also forthcoming





Initial Steps

- Ensure administrator role is entered correctly on HCS; this person appoints the Authorized Person (ACFs should contact their HCS Coordinator)
- Setup an escrow account with fingerprint vendor before January 1, 2015 (contact the fingerprint vendor at <http://www.identogo.com/> or call 877-512-6962, then option 2, then 3 on the next menu.)
- Send in a substitute W-9 form for provider reimbursement (ACFs who are not on the State Financial System (SFS) must complete a Substitute W9 form (AC-3237-S), and fax the form to: 518-474-7477.)



CHRC OVERVIEW



Common Terms in CHRC

- HCS - Health Commerce System
- AP - Authorized Person
- AR – Agency Representative
- Temporary/Provisional employee
- Initial vs expedited submission
- DCJS (Division of Criminal Justice Services)
- Rejections/resubmissions
- Non-Idents/Idents
- LiveScan and IdentoGO by MorphoTrust USA



CHRC on the HCS

- Accessing alerts and policies
- Completing and submitting CHRC electronic forms (AP, Application & Termination)
- Receiving results and other CHRC communications
- Paper Forms (102 – Consent Form)



CHRC “Policies and Procedures”

Must Include:

- Determining who is subject
- Retaining Consent forms (CHRC 102)
- Supervising employees while awaiting results
- Reporting employee terminations and separations
- Timeliness of scheduling fingerprint appointments and rescheduling when needed.
- Charging costs to employees is not permitted

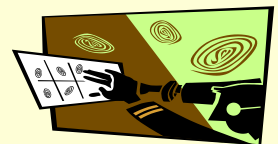


Who is Subject to CHRC?

All non-licensed employees providing direct care to residents/clients pursuant to a plan of care, including those who have access to living quarters.

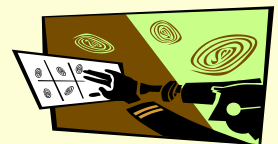
Examples:

- CNAs
- HHAs
- Dietary Aides
- Hairdressers & barbers
- Housekeepers
- Maintenance workers



Who is Not Subject to CHRC

- Licensed health care employees
 - Article 8 of the Education Law
- Nursing home administrators
 - Article 28-D of the Public Health Law
- Employees without patient contact
 - Groundskeepers, kitchen workers, etc.
- Volunteers



CHRC Legal Determination Letters

- Based on Legal review of criminal histories
- Examples include:
 - Hold in Abeyance (charged but not tried)
 - Not Held in Abeyance (charged but not tried, but even if convicted will be cleared to work)
 - Pending Denial (30 days rehab evidence)
 - Final Denial (Employee must be removed from direct patient care & termination submitted)
 - Final Non-Denial (Employee is approved for employment)
 - Subsequent arrest information



Supervision Requirements

- Nursing homes
 - Performed by NH employee on the same nursing unit as employee
 - Documented in writing at least weekly
- Home Health Care Agencies
 - Direct on-site observation is required for the first week by a licensed health care professional, senior aide or other paraprofessional w/one year experience
 - As of January 2009
 - After first week, alternate weeks of on site and offsite evaluation and documented in writing
 - Supervisor must have one year experience in certified or licensed facility



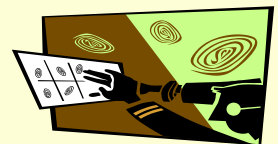
Confidentiality of CHRC Results

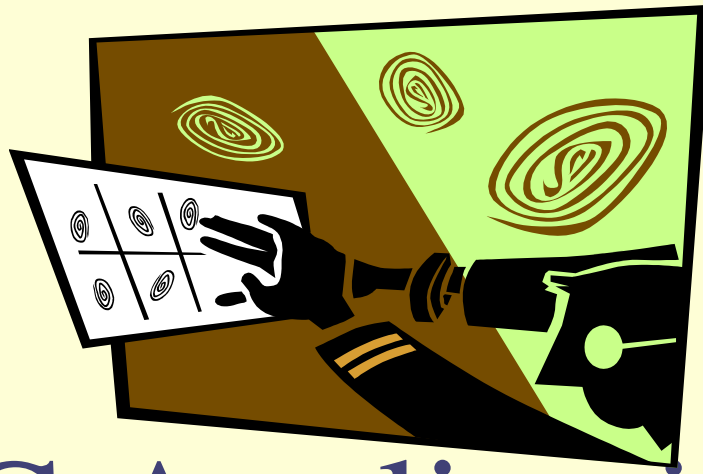
- Access to results must be restricted only to:
 - Subject individual
 - Provider's Authorized Person(s)
 - Others involved in the hiring decision and
 - The Department of Labor
- Criminal history information must remain strictly confidential and be kept in a separate area that only the Authorized Persons have access.



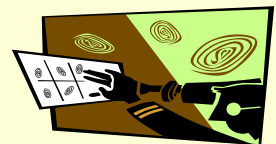
CHRC Forms Retention

- Documentation must be retained for six years after the Authorized person submits a Termination. This includes individuals that never began to work if an Application was submitted.





CHRC Application and Termination Process via the HCS



Accessing the CHRC Menu

- Type <https://commerce.health.state.ny.us> to access the Health Commerce System (HCS). Enter your HCS user ID and password to sign in.

Welcome to NYSDOH HCS Andrew M. Cuomo, Governor | Nirav R. Shah, M.D., M.P.H., Commissioner

Please login to begin using the Health Commerce System

Please note: For security reasons, all browser sessions will time-out after 1 hour of inactivity, and expire after 8 hours, at which time you will be required to log back on to the HCS.

The New York State Department of Health's, Health Commerce System (HCS), is pleased to announce that the Forgotten Password Feature is now available.

To activate this feature, sign in, click on the 'My Account' link and then click "Enable Forgotten Password".

[Quick Reference Guide](#)

User Id:

Password:

[Forgot Your Password?](#)

Site Policies/Terms of Use

Violation of the security and use agreement (e.g. sharing your account userid and password with someone else) will result in the temporary suspension of your account privileges until required remedial action is taken by executives at your facility.

Repeat offenses may result in the permanent removal of the account.

Contacting the Commerce Accounts Management Unit with someone else's account information will result in the account being disabled due to a security breach.

Important Site Notices

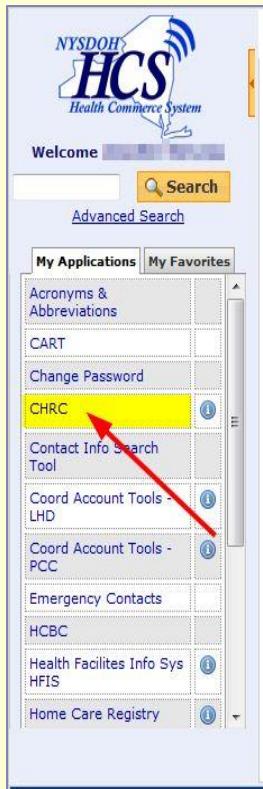
Click here if you are experiencing technical problems with the site: hinweb@health.state.ny.us

For all other issues, e.g., passwords, please contact the CAMU Help Desk.

The Office of Cyber Security necessitates that passwords for secured sites meet minimum requirements. In order to comply with these requirements, HCS password rules will be modified. More information will be sent at a later date.

© 2011 NYS Department of Health - HCS

- Click on the CHRC link in the My Applications tab at the left of the HCS home screen. *Note: If the CHRC link is not listed in the My Applications window, click on the Applications Tab at the top of the HCS home page. Then, Click the letter “C”, to go to “Criminal History Record check Program”, and then add by clicking on the “+” option . All current APs will already have this application displayed.*



The first time signing into the CHRC application you will have to disable the Pop Up Blocker to allow popups.

Accessing the Application Form from the CHRC Menu

- Click the “Submit Employees” link on the left menu in the “WHAT DO YOU WANT TO DO?” section. Only Authorized Persons have access to this link.

New York State
Department of Health

**Criminal History
Record Check Program**

Welcome

Welcome to the Criminal History Record Check (CHRC) Application. Here you can manage your CHRC requirements by:

- Submitting background requests. (Authorized Persons Only)
- Terminating employees (Authorized Persons Only)
- Opening the CHRC File Viewer (Authorized Persons Only)
- Processing reports to verify CHRC activities (Authorized Persons Only)
- Printing required CHRC forms
- Accessing training opportunities
- Contacting CHRC

WHAT DO YOU WANT TO DO?

- **Submit employees**
- Terminate employees
- View Fileviewer
- View L1 Site

CHRC REPORTS

- Lookup submitted employees
- Lookup terminated employees
- Daily employee roster

CHRC FORMS

- Add Agency Representative (CHRC 100)
- Add an AP (CHRC 101)
- Consent for fingerprinting (CHRC 102)
- Remove an AP (CHRC 105)

CHRC HELP

- Contact Us
- Tutorials
- FAQs

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- If you are an AP for more than one provider, please select the provider associated with this task from the PFI/License # drop-down list. *Note: If you are an AP for only one facility the PFI/License # will be auto-populated.*
- Enter all information for the employee to be submitted for a CHRC.

CHRC 103 Submission Form	
PFI/License #	8888Z888-Z TEST LHCSA ▾
First Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Last Name:	<input type="text"/>
DOB	<input type="text"/> MM/DD/YYYY
Last 4 of SSN:	<input type="text"/>
Maiden Name:	<input type="text"/>
Alias (AKA):	<input type="text"/>
Street Number:	<input type="text"/>
Street Name:	<input type="text"/>
P.O. Box:	<input type="text"/>
City:	<input type="text"/>
State:	Select ▾
Zip Code:	<input type="text"/>
Apartment Number:	<input type="text"/>
Home Phone:	<input type="text"/>

Some fields are listed as optional but should be completed if the individual has information for that field. Ex. not everyone has a middle name, if the person has one the initial should be submitted. This applies to the last four of the SSN field, Alias, Cell and Home phone.

- Click the “Submit” button at the bottom of the page, following the attestation.
- If there are errors after submitting you will have a screen displaying the errors which can be corrected.
- You should print the receipt once the application is submitted to DOH.

Home Phone:	<input type="text" value="5184631234"/>
Cell Phone:	<input type="text"/>
Birth Country / Place:	<input type="text" value="United States of America"/>
Gender:	<input type="text" value="Female"/>
Race:	<input type="text" value="White or Hispanic"/>
Height (Feet):	<input type="text" value="4"/>
Height (Inches):	<input type="text" value="10"/>
Weight:	<input type="text" value="107"/>
Eyes:	<input type="text" value="Multicolor"/>
Hair:	<input type="text" value="Sandy"/>

I [redacted] agree, and it is my intent, to sign this record/document and affirmation by electronically submitting this 103-e application form for the subject individual. I understand submitting this 103-e application form in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I am thereby affirming to the truth of the information contained therein. I will use the results of the criminal history record check solely for purposes authorized under Article 28-E of the Public Health Law and Section 845-b of the Executive Law, and I will abide by the requirements set forth in law. Informed consent (DOH CHRC Form 102) has been given by the subject individual and is on file.

The subject individual, whose identification I have confirmed, will provide direct care or supervision to individuals receiving care and/or services and is a subject individual concerning whom a criminal history record check is required by law (Article 28-E of the Public Health Law and Section 845-b of the Executive Law). Further, the subject individual is not licensed under Title 8 of the Education Law, or is licensed under such Title but will not be hired in the capacity of a licensed professional.

Accessing the Termination Form from the CHRC Menu

- Click the “Terminate Employees” link on the left menu in the “WHAT DO YOU WANT TO DO?” section.

New York State
Department of Health

Criminal History
Record Check Program

Welcome

[Go to Homepage](#)

WHAT DO YOU WANT TO DO?

- [Submit employees](#)
- [Terminate employees](#)
- [View Fileviewer](#)
- [View L1 Site](#)

CHRC REPORTS

- [Lookup submitted employees](#)
- [Lookup terminated employees](#)
- [Daily employee roster](#)

CHRC FORMS

- [Add Agency Representative \(CHRC 100\)](#)
- [Add an AP \(CHRC 101\)](#)
- [Consent for fingerprinting \(CHRC 102\)](#)
- [Remove an AP \(CHRC 106\)](#)

CHRC HELP

- [Contact Us](#)
- [Tutorials](#)
- [FAQs](#)

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- Processing reports to verify CHRC activities (Authorized Persons Only)

Printing required CHRC forms

- Accessing training opportunities
- Contacting CHRC

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- If you are an AP for more than one provider, please select the provider associated with this task from the PFI/License # drop-down list. *Note: If you are an AP for only one facility the PFI/License # will be auto-populated.*
- Click each checkbox associated with an employee(s) to be terminated.
- Then click the Terminate button.

**Criminal History
Record Check Program**

CHRC 105 Termination Form

Select the provider to terminate individuals from employment using the drop-down box. Then, check each individual that requires termination from employment. Finally, press the Terminate button at the bottom of the form to submit terminations to DOH

Select Provider: 8888Z888-Z TEST LHCSA ▼

Terminate	Last Name	First Name	DOB	Employee ID	PFI
<input checked="" type="checkbox"/>	JETER	DEREK	10/13/1980	429416	8888Z888
<input type="checkbox"/>	JONES	TARA	12/12/1980	435368	8888Z888
<input type="checkbox"/>	PITT	BRAD	5/10/1991	419136	8888Z888
<input type="checkbox"/>	SMITH	JOHN	12/21/1944	443176	8888Z888

Terminate

- A confirmation page will appear listing the selected employee(s) for termination. You may remove employee(s) from the list of employee(s) selected for termination by clicking on the “Remove” button next to an associated employee.
- To process the termination(s), click the “Terminate” button on the bottom of the confirmation screen. If you press the “Cancel” button, then you will return to the original CHRC 105 Termination Form screen without any changes or selections.

**Criminal History
Record Check Program**

Confirm that employees should be terminated

I Jennifer Stevens certify that the named individual(s) is either not employed/used by this agency or is not in a position subject to a criminal history record check (CHRC). The named individual is therefore not subject to a CHRC unless the individual's employment status changes to one requiring such check, at which time an application request will be submitted.

Do you want to terminate the following individuals from your employ? If a termination is done in error a new 103 will need to be submitted.

Employee ID	PFI	First Name	Last Name	DOB	Remove
456184	8888Z888	TESTY	MCTEST TEST	4/25/1984	Remove

- After successful termination, click the “Print” button at the top of the next screen to print a separate page for each employee terminated to be retained in your files for a minimum of six years. *CHRC 102 and 103 forms must also be retained even if the individual was not utilized by your provider.*

**Criminal History
Record Check Program**

Confirm that employees should be terminated

I Jennifer Stevens certify that the named individual(s) is either not employed/used by this agency or is not in a position subject to a criminal history record check (CHRC). The named individual is therefore not subject to a CHRC unless the individual's employment status changes to one requiring such check, at which time an application request will be submitted.

Do you want to terminate the following individuals from your employ? If a termination is done in error a new 103 will need to be submitted

Employee ID	PFI	First Name	Last Name	DOB	Remove
429416	8688Z888	DEREK	JETER	10/13/1980	<input type="button" value="Remove"/>

HCS File Viewer

Criminal History Check - View Files - Microsoft Internet Explorer provided by NYS Department of Health

File Edit View Favorites Tools Help

Address: https://commerce.health.state.ny.us/hpn/cgi-bin/applinks/chrc/chc_viewfiles#

Version: 1.1
Revised: 09/25/06

Criminal History Check - File Viewer

Date: 03/09/2009
Time: 01:48:46 PM

Choose Organization: NH [REDACTED] Rehabilitation and Nursing, [REDACTED]

HPN Home Page

Name	Date Received
Weekly-Acknowledgement-Letter	03/6/09
[REDACTED], ONIQUE	02/27/09
Weekly-Acknowledgement-Letter	02/27/09
CHRCInvoice46882	02/23/09
Weekly-Acknowledgement-Letter	02/20/09
[REDACTED] THERESIAS	02/18/09
[Final-Denial]	
ALERT, AP-Signature Requirement-Change	02/13/09
Weekly-Acknowledgement-Letter	02/13/09
Weekly-Acknowledgement-Letter	02/6/09
Weekly-Acknowledgement-Letter	01/30/09
[REDACTED]	
BERNADETTE [No-Conviction]	01/27/09
Weekly-Acknowledgement-Letter	01/23/09
[REDACTED] THERESIAS	01/16/09
[Pending-Denial]	

STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, NY 12237

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Executive Deputy Commissioner

2/17/2009

[REDACTED] HABILITATION AND NURSING LLC

Provider ID#: [REDACTED]
Attn CHRC Authorized Person (AP):

RE: SUBJECT INDIVIDUAL
THERESIAS [REDACTED] DOB: 7/13/1979 NYSID: 03 [REDACTED] 69R

Pursuant to Public Health Law Article 28-E and Executive Law Section 845-b, the New York State Division of Criminal Justice Services (DCJS) has conducted a national and state criminal history record check of the above referenced individual whom you have identified to the Department of Health (DOH) as a prospective employee who will provide direct care or supervision to patients, residents or clients of the provider identified

Dear Agency Authorized Person,

The Department of Health (DOH) has determined that the above referenced individual's eligibility for employment by the provider must be denied, pursuant to Article 28-E of the Public Health Law and/or section 845-b of the Executive Law, based on a review of national and state information provided by the Division of Criminal Justice Services (DCJS), as well as information that may have been submitted by the individual. The individual may not be further considered for the position sought. If the

1 of 7

Local intranet

start Al LoBabo - Inb... CHRC Training A... HPN File Viewer... Criminal History ... https://commer... Criminal History ... 1:56 PM

Opened Letter

Letter

Unopened Letter

Using Reports from the CHRC Menu

- Select the report you wish to run from the “CHRC REPORTS” section in the main menu. You may lookup submitted employees, terminated employees or run a roster report of all employees.

New York State
Department of Health

**Criminal History
Record Check Program**

Welcome

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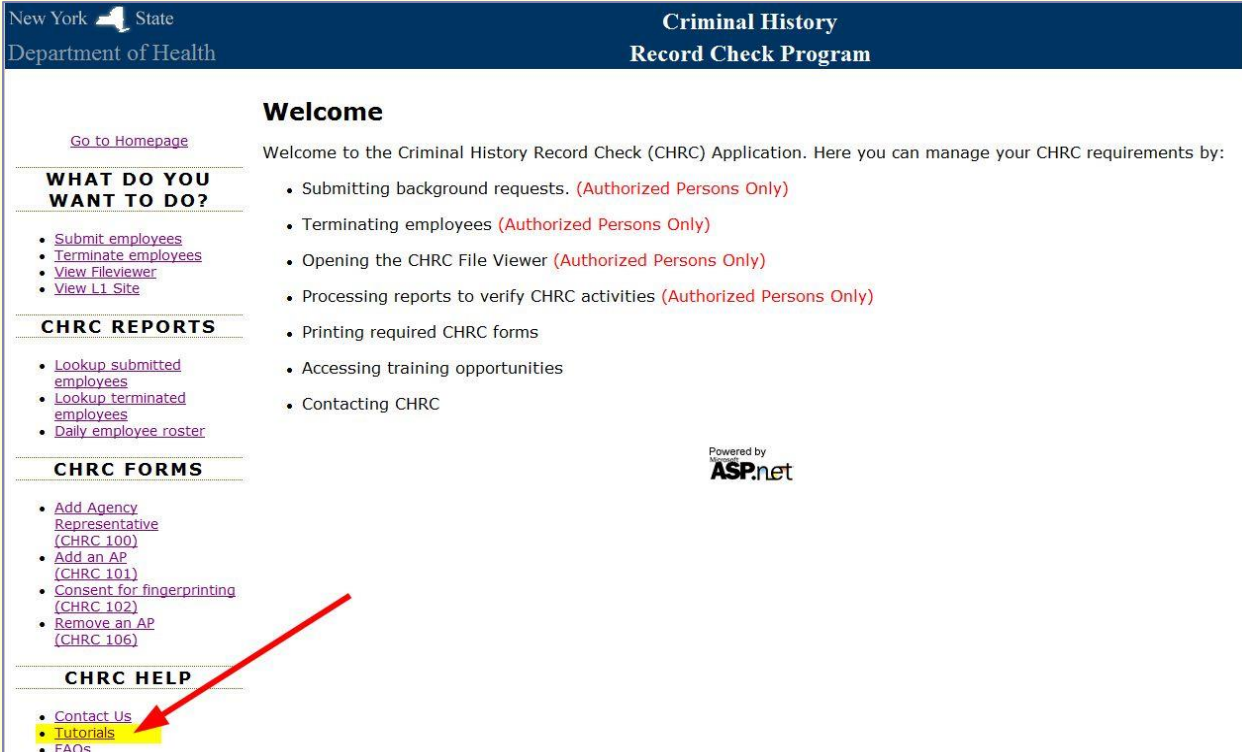
CHRC HELP

- [Contact Us](#)
- [Tutorials](#)
- [FAQs](#)

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Using CHRC Help from the CHRC Menu

- You may run video “Tutorials” from the “CHRC HELP” section in the main menu to learn more on how to submit applications, terminations, and how to sort and export the roster.



The screenshot shows the CHRC Application Home Page. The header includes "New York State Department of Health" and "Criminal History Record Check Program". The main content area is titled "Welcome" and contains a list of actions users can manage. A red arrow points to the "Tutorials" link in the "CHRC HELP" section.

New York State
Department of Health

Criminal History
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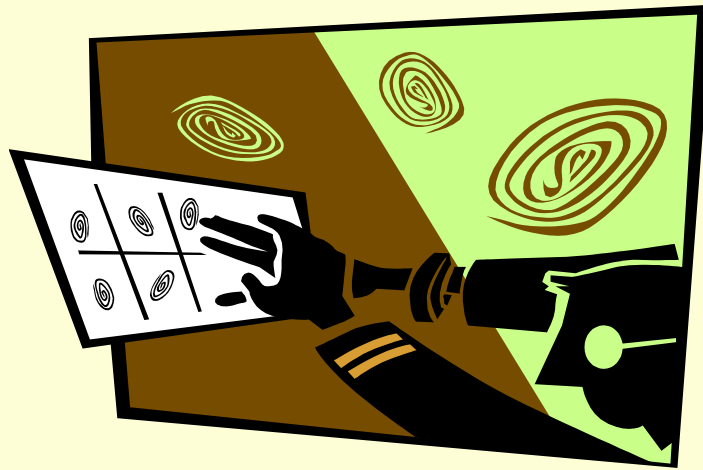
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CHRC LiveScan



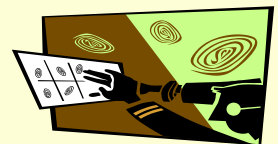
What is LiveScan ?

- Digital scanning of fingerprints
- Statewide system of LiveScan stations
 - Fixed sites and mobile sites
- Operated by IdentoGO by MorphoTrust USA under contract with DCJS
- Electronic payment at time of appointment



Where are the LiveScan Stations?

- Contract requires sites located within
 - 20 miles
 - 30 minutes
- Appointments must be available within 7 days
- Large metro areas will have multiple stations



How to Schedule Appointments?

- Electronic application via HCS by AP
- Detailed information from electronic application also sent to IdentoGO by MorphoTrust USA
- DOH CHRC “Request for Live Scan” with employee submission key letter sent next business day (after IdentoGO by MorphoTrust USA receives information.)



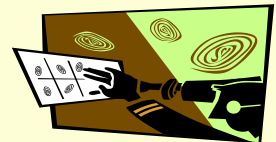
Contact IdentoGO by MorphoTrust USA to Make Appointment

- Website or telephone
- Select most convenient site, date and time
- Should be scheduled jointly by provider and employee within 7 days
- Select payment method



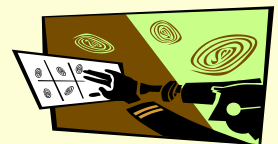
How Can Providers Pay?

- Multiple methods, for example:
 - Escrow account (information can be found on the website: <http://www.identogo.com/> Click on the New York State logo, then click on the link for Forms and Links.
 - Preferred method-Provider is charged at the time of scheduling. Will have to request a refund if the applicant is not fingerprinted.
(Application form included as handout)
 - Credit/debit card-(is charged at the time of scheduling)
 - Business check-(cashed only when the applicant appears and is fingerprinted)



What Does Live Scan Cost?

- Same \$94.25 pass through fees for checking DCJS and FBI
- Administrative fee \$7.20
- Total \$101.45



Employee Cancellations?

- Contact IdentoGO by MorphoTrust USA of cancellations as soon as possible.
- For payments made via credit card or billing account, contact IdentoGO by MorphoTrust USA Business Office @ (877) 512-6962 for refund.



How to Make an Appointment?

- Telephone (877) 472-6915
- Website
 - www.identogo.com



Authorized Person can click on the View L1 Site link displayed on the CHRC portal. The will be sent to the screen shown below. Then click onto the image of New York State.

WHAT DO YOU WANT TO DO?

- [Submit employees](#)
- [Terminate employees](#)
- [View Fileviewer](#)
- [View L1 Site](#)

The screenshot shows the IdentoGO website interface. At the top, there is a browser address bar with the URL <http://www.identogo.com/>. Below the browser bar is the IdentoGO logo and the text "By MorphoTrust USA". A green navigation bar contains the following links: About Us, Business Solutions, Products/Services, Partners, Book an Appointment, Resources, News & Events, and Contact Us.

Services

- Live Scan Fingerprinting (Mobile or Fixed)
- Fingerprint Card
- FBI Criminal History Report
- State Criminal History Report
- Notary Services
- Photo Services
- TSA Pre✓™

Welcome to IdentoGO Centers!

Nationwide locations for identity-related products and services

We have a growing number of locations across the U.S., providing convenient Centers for fingerprinting and other services to meet your identity-related needs. Additional products and services are being added, and all are delivered through our friendly, knowledgeable staff, trained to consistent, high-quality service every visit.

Book your appointment with our MorphoTrust® Online Scheduler below!

The map shows the following state status indicators:

- Actively Scheduling:** WA, NY, ME, VT, NH, MA, CT, RI
- Available Soon:** MI, WI, MN, ND, SD, WY, ID, OR
- Inactive:** MT

Scroll to the bottom of the page and click on the Online Scheduling Link

Let's get started! Please select one of the following links:

- ➔ **Online Scheduling**
Starts the appointment process in New York.
- ➔ **Locations**
Provides a list of locations in New York for you to browse before starting the appointment process.
- ➔ **Forms and Links**
Provides access to forms relating to the fingerprint background check process and links for information on this process.

If you have any questions, please call us at (877) 472-6915.

Your Authorized Person will be allowed to pick one of the following languages to continue in.

Follow this link to continue in English.

Oprima aquí para continuar en español.

Следуйте за этой ссылкой, чтобы продолжить на русском языке

Làm theo liên kết này để tiếp tục tại Việt Nam.

- For New Appointments type applicants First and Last Name, then hit Go
- Click onto the For Existing Appointments link to change a scheduled appointment.
- If you need to change the appointment click on the link *I have an existing appointment I would like to change.*
- Click onto the for Fingerprint Rejection Notices if you received notification that an applicants fingerprints were rejected and need to be rescheduled again at no cost.

For New Appointments

First Name	<input type="text"/>
Last Name	<input type="text"/>
<input type="button" value="Go"/>	

For Existing Appointments

[I have an existing appointment I would like to change.](#)

For Fingerprint Rejection Notices

[I received a rejection notification and need to schedule an appointment.](#)

Load ORI Number
for DOH CHRC

Application Details

Please enter your ORI number in the box below.

ORI Number

Go



Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

Enter a zip code to determine the closest fingerprinting location.

Next Step

or

Please choose the region you will be in for your enrollment appointment.

New York metro	▼
Eastern NY	
New York metro	
Western NY	

Next Step

 Small Map

Pick LiveScan site

If you have any questions with the website, please contact L-1 Enrollment Services at (877) 472-6915.

Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

Showing locations in the
New York Metro of NY
in alphabetical order
[Select Another Region or Zip Code]

March 17 - March 23 [Next Week >>](#)

	Tuesday 3/17/2009	Wednesday 3/18/2009	Thursday 3/19/2009	Friday 3/20/2009	Saturday 3/21/2009	Sunday 3/22/2009	Monday 3/23/2009
Hauppauge PSI 140 Adams Ave Hauppauge, NY 11788 Directions	Click to Schedule	Click to Schedule	Click to Schedule	Click to Schedule	Closed	Closed	Click to Schedule
New York - Lexington Ave PSI 192 Lexington Ave, Suite 12 New York, NY 10001 Directions	Click to Schedule	Click to Schedule	Click to Schedule	Click to Schedule	Closed	Closed	Click to Schedule
New York City - William St Global Document Expeditors Corp Directions	Click to Schedule	Click to Schedule	Click to Schedule	Click to Schedule	Closed	Closed	Click to Schedule
71-19 80th St Queens, NY 11385 Directions	Click to Schedule	Click to Schedule	Click to Schedule	Click to Schedule	Click to Schedule	Closed	Click to Schedule

09:00 AM ▲
09:10 AM
09:20 AM
09:30 AM
09:35 AM
09:40 AM
09:45 AM
09:50 AM
10:00 AM
10:10 AM ▼

Pick time

YOUR APPOINTMENT IS NOT YET COMPLETE

Please review all of the following information.

If any of this information is incorrect, please click the change button at the bottom of each section to make any needed changes to that section.

If All Information Appears Correct >>>>

Next Step

Application Details (1)

ORI Number: NY922100Z - NYS Department of Health-Criminal History Record C

Fingerprint Reason: 99 - Nursing Home/Home Health Care

To change any information in this section >>>>

Change Application Details

Appointment Details

Location: Albany
PSI
1 Columbia Circle
Albany, NY 12203
United States

Verify
appointment data

Appointment Date: 03/17/2009

Appointment Time: 09:20 AM

To change any information in this section >>>>

Change Appointment Details

Applicant Details



ID Types

The state of New York requires you to present two forms of identification at your appointment. Please select an item from the column A drop down below. After selecting from column A, the options valid for column B will appear.

Column A - Valid Photo Identification

Drivers License or Photo ID Card (issued by U.S. State or Territory)

Select

Select ID types

Column B - Valid Supplementary Identification

Original or certified copy of a Birth Certificate

Alien Registration Receipt Card

Certification of Birth Abroad (issued by U.S. Depa

Original or certified copy of a Birth Certificate

Canadian Drivers License

U.S. Citizen ID Card (Form I-7)

Coast Guard Merchant Mariner Card

Unexpired Employment Authorization with photo (Form I-766, I-688, I-688A or B)

Photo ID Card issued by federal, state, or local govt.

Unexpired Foreign Passport

U.S. Military card or draft record

If you have any qu

at (877) 472-6915.



Payment Collection

Your total is \$105.75. Please choose a payment method below.

1) Method of Payment

- eCheck (pay now)
- Debit Card (pay now)
- Credit Card Visa/Mastercard/American Express/Discover (pay now)
- Money Order (pay onsite)
- Certified Bank Check (pay onsite)
- Business Check (pay onsite)
- Personal Check (pay onsite)
- Billing Account

If you have any questions,

contact our Customer Support Services at (877) 472-6915.

Select payment type



CHRC Contacts

● CHRC Program PH: (518) 402-5549
Email: chrc@health.ny.gov

● Richard Rees PH: (518) 408 -1278
Email: Richard.Rees@health.ny.gov

● CHRC Legal Dept. PH: (518) 408-1627
Email: chrclegal@health.ny.gov

