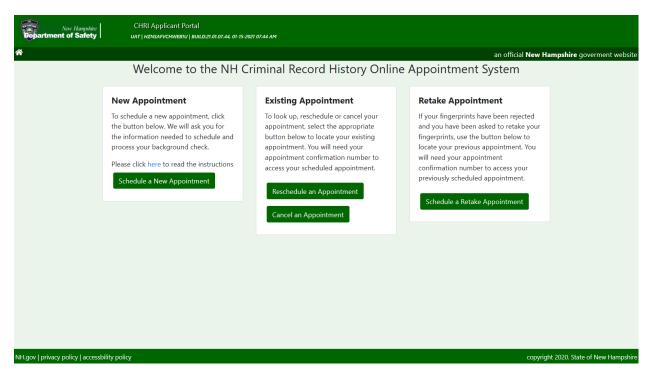
CHRI Applicant Portal – Schedule New Appointment

1. From the home screen, select "Schedule a New Appointment"



- 2. Review the "General Information", "User Agreement" and "Challenge Record Notice" and then select "Next".
 - a. If you need to return to the home page, click "Back" or click the home button.

New Hampshire Department of Safety	CHRI Applicant Portal uat hznsafvchwebiu build:21.01.07.44, 01-15-2021 07:44 AM		
*		an official New Ham	pshire goverment website
	General Information	~	
	User Agreement	~	
	Challenge Record Notice	~	
		Back	
NH.gov privacy policy acces	sbility policy	copyright	2020. State of New Hampshire

- 3. On the "Agency Selection" screen
 - a. Select the type of agency
 - b. Select the agency that the results will be sent to
 - c. Click the "Next" button
 - i. If you need to return to the previous screen, click the "Back" button

New Hampshire Department of Safety					
*				an official New Hampshi	re goverment website
	Agency Selection	<u>s</u> <u>B</u>	٠	ی ہ	
	→ On this page you must select the employment or licensing ag → To select an agency first select the Agency Type from the drop Select Agency drop down. Once the agency type is selected then → Note: That if you are applying to a School Transportation incur an additional \$5.00 charge.	p down list. Selecting the agency ty i find and select the specific agency	pe will narrow the number of agen you wish your results to be deliver	cies that appear in the red to.	
	Select Type Of Agency *	Please Select	~		
	Select Agency *				
				Back Next	
NH.gov privacy policy acces	sbility policy			copyright 2020.	State of New Hampshire

- 4. On the Agency Confirmation screen, confirm that the type of agency and agency to receive results are correct.
 - a. If they are, click "Yes"
 - b. If changes are needed, click "No"

New Hampshire Department of Safety	CHRI Applicant Portal uat hznsafvchwebiu build:21.	01.07.44, 01-15-2021 07:44 AM				
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	Agency Confirmation	<u>a</u> <u>s</u>		۲		
	ightarrow Please confirm that the agency(s) y	ou have selected are listed below. These ac	gencies will get your backgr	round check report.		
	Type of Agency: Board of Nursing					
	BOARD OF NURSING					
	(By selecting No, you will be returned to th	e previous screen to make another choice.	Selecting Yes will continue	on.)		
					NoYes	
NH.gov privacy policy acces	sbility policy				copyright 2020	. State of New Hampshire

5. Enter the applicant information

a. Last name and date of birth are required fields

New Hampshire Department of Safety	CHRI Applican	t Portal 881U Build.27.07.07.44, 01-15-2021 07:44 AM				
*					an official New Hampshire g	overment website
	Applicant	. 8		۲	• •	
	First Name	First Name	Middle Name	Middle Name		
	Last Name *	Last Name	Suffix		~	
	Maiden Name	Maiden Name	Date of Birth *	MM/DD/YYYY		
	Have you ever changed you	ur name since birth? (Married? Divorced? Court or	der name change?) Add/Edit /	Alias		
					Back Next	
NH.gov privacy policy acce	ssbility policy				copyright 2020. State	e of New Hampshire

- b. If applicant has any previous last names, click the "Add/Edit Alias" and update with all alias'
 - i. Last name is a required field for alias'
 - ii. Click "Add" after entering alias details
- c. Click "OK" when done

New Hampshim Department of Safety	e CHRI Applicar uat HzNsafvcHM	nt Portal VEB1U BUILD:21.01.07.44, 01-15-2021 07:44 AM				
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	Applicant Names	٥		۲	٠	٢
	First Name Last Name *	First Name	Middle Name Suffix	Middle Name		~
					Cancel	Ok
NH.gov privacy policy acce	essbility policy					copyright 2020. State of New Hampshire

- d. Click "Next" to proceed
 - i. Click "Back" to return to previous page

- 6. Enter applicant contact information
 - a. At least one phone number and type is required
 - b. Email address is required
 - i. Must enter email address a second time to confirm
 - 1. Cannot copy and paste email address into confirm field
 - c. Select contact preference.

A CHARLES THE TRANSPORT	Applicant Portal xsafvchwebiu build:21.01.07.44, 07-15-2021 07:44 ам				
*				an official New Hampshire g	overment website
Applicant Contact			۲	• •	
Contact Details Phone1 * Phone2	Phone1 Phone2	Туре *	Please Select Please Select	<u> </u>	
Email Address * Contact Preference	Email Address	Confirm Email Address *	Confirm Email Address		
				Back	
NH.gov privacy policy accessbility policy				copyright 2020. State	of New Hampshire

- 7. Enter applicant legal address
 - a. Click check box if mailing and legal address are the same
 - i. If mailing address is different, enter and click "Verify Mailing Address" to confirm

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- b. Click "Next" to proceed
 - i. Click "Back" to return to previous page

New Hampshire Department of Safety	CHRI Applican	t Portal BBIU BUILD:27.01.07.44, 01-15-2021 07:44 AM				
*					an official New Ham	pshire goverment website
	Applicant Address	00	8	٠	ڪ	
	Address Where You Live	e (Legal)				
	Street *	Street	City *	City		
	State *	NEW HAMPSHIRE V	Zip Code *	Zip Code		
	Mailing and Legal Add	ress are same				
	Address Where You Get	Your Mail (Mailing) Verify Mailing Address]			
	Street *	Street	City *	City		
	State *	NEW HAMPSHIRE V	Zip Code *	Zip Code		
					Back Next	

- 8. Schedule an appointment by first selecting a date and clicking "Search"
 - a. You can narrow down the search for appointment by selecting a time range

New Hampshie Department of Safet		nt Portal veb1u buil.d:21.01.07.44, 01-15-2021 07:44	I AM			
*					an official	New Hampshire goverment website
	Schedule an Appointmen	nt B	0	•	٠	Š
	• To narrow dow • Please note tha → Once you find the	n your search, you have the option t appointments must be booked w	ithin 90 days of today's date. t you want to book, click on it an			
	Date *	MM/DD/YYYY	appointment between Search	4	and V	
					Back	Next
NH.gov privacy policy acce	essbility policy					copyright 2020. State of New Hampshire

b. Select the location where you choose to be printed from the "Location" drop down box
i. Then click on the appointment time that you would like to schedule

	\rightarrow Once you find the appointment date and time that you want to book, click on it and then click next. \rightarrow Please note that appointments must be booked within 90 days of today's date.					
Date *	01/22/2021	appointment between v and v				
	n to see the number of appointme					
Location	CONCORD - 67 timeslot Available	Address: LOAD TEST LOC - DO NOT MODIFY, 123 SOME ST, CONCORD, NH 03301				
Арро	intment Start Time	Number of Appointments Available	^			
	05:45 AM	1				
	06:00 AM	1				
	06:15 AM	1				
	06:30 AM	1				
	06:45 AM	1				
	07:00 AM	1				
	07:15 AM	1				
	07:30 AM	1				
	08:00 AM	1				
	08:00 AM 08:15 AM	1 1				
	08:00 AM	1				

- a. Click "Next" to proceed
 - ii. Click "Back" to return to previous page

9. On the confirmation screen, review all applicant information and appointment details.

New Hampshu Department of Safet		nt Portal WEB1U BUILD:27.07.07.44, 07-15-2027 07:44 AM				
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	A ()					
		0				Ŭ
	Confirm Your Appointme	ent Details				
	 → Please note your app → Review all information If changes are reference If no changes and 	pointment slot for 15 mins while you review pointment is not reserved until successfully on that has been entered for the applicant, - quired, select the "Review & Change Inforr re required, select "Pay Now" to proceed to tart again, select "Start Over" button.	paid for. agency receiving results, a mation" button at the bot	and appointment		nges.
	Customer Information	1				~
	Confirmation #	A01840				
	First Name	TESTER246	Middle Name	•		
	Last Name	АКС	Suffix			
	Date of Birth	02/22/1980	Email Addres	s amy.	k.carter@dos.nh.gov	
	Cell Phone	<u>(603) 555-1212</u>	Home Phone			
	Legal Address	33 HAZEN DRIVE,CONCORD,NH,03305	Mailing Add	r ess 33 H.	AZEN DRIVE,CONCORD,N	IH,03305
	Fingerprint Appointm	ent Details				^
	Date	01/22/2021	Time	10:45	5 PM	
	Location	123 SOME ST,CONCORD,NH,03301				
	Receiving Agency Det	ails				~
	Agency Name	Address				
	BOARD OF NURSING	7 EAGLE SQ	QUARE,CONCORD,NH,033	801		
	Service & Payment Su	mmarv				▲
	Services				Fee Amount	
	NHSP Criminal Record	Check Fee			\$25.00	
	NHSP Administrative F	ee			\$10.00	
	FBI Fee - Employee				\$13.25	
			Total Amo	unt	\$48.25	
	□ I certify that all inform	mation up to this point is true and this ap	plication is signed under	penalty of unsw	vorn falsification pursuant	to RSA 641:3
	Start Over			Review & Ch	ange Information Pay	y By Credit Card
				L		
NH.gov privacy policy acce	esshility policy					copyright 2020. State of New Hampshir

- a. If you wish to start the scheduling process over, click on "Start Over"
- b. If corrections are needed, click on "Review & Change Information"
- c. If all information is correct,
 - i. Click on the check box certifying that the information entered is true and accurate
 - ii. Then click on "Pay By Credit Card" to enter payment information

- 10. Enter credit card information
 - a. Click Pay to submit payment
 - b. Click cancel to cancel transaction

New Hampshire Department of Safety	CHRI Applicant / Agency Portal Payments	
		an official New Hampshire government website
	Payment Processing - NOTE: This is a test payment system (UAT). Pleas	e DO NOT use actual credit card numbers on this site.
	Card Holder Name:	
	Credit Card Number:	
		VISA 🥌 🚃
	Expiration Date:	MM / YY
	CVC Number:	0
	Order ID:	A01841
	Total Amount:	USD \$ 48.25
	Cancel	Pay \$48.25

- 11. On the receipt screen you will be provided with your confirmation #, appointment details, payment summary, and additional information pertaining to the appointment
 - a. To print a copy of the confirmation, click the print icon "
 - b. Click done when you are done reviewing the appointment information

New Hamps Department of Safe	hire CHRI Applic	ant Portal				
*					an official New Hamp	oshire goverment website
	Receipt				₽	ļ
	We have processed your	payment successfully. Your Confirmation # is A0184	1 and appointment de	etails are below:		
	Date	01/22/2021	Time	11:30 AM		
	Location	123 SOME ST,CONCORD,NH,03301				
	Service & Payment Sum	mary				
	Services				Fee Amount	
	NHSP Criminal Record Ch	leck Fee			\$25.00	
	NHSP Administrative Fee				\$10.00	
	FBI Fee - Employee				\$13.25	
			Total Amount		\$48.25	
	Be sure to retain this recei Please arrive 10 minutes p	Is have been sent to the email address provided. pt as the confirmation number will be needed if you need to rior to your scheduled appointment time and expect the pro on-driver's license; passport) as well as your appointment co	ocess to take approximate			



c. 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