

# NABCS Applicant Initiated Guide

DHSS- Division of Health Care Services

Revised 11/19/2014

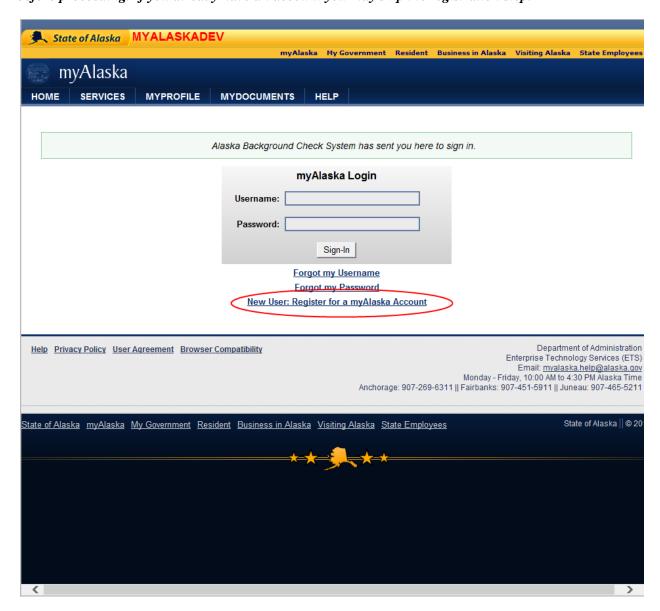
To log into the Background check database, go to; https://nabcs.dhss.alaska.gov

\*If you already have a myAlaska account, enter your username and password here to log in\*

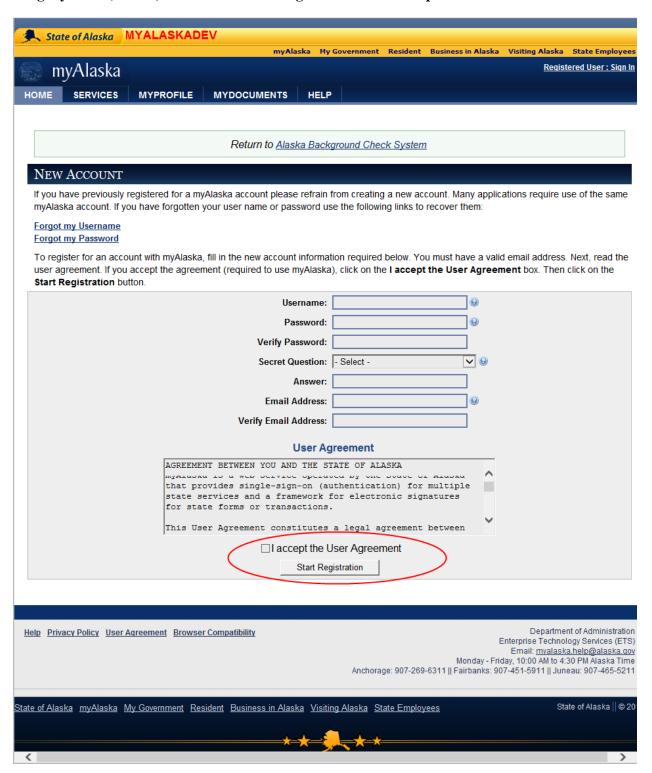
\*\*If you have ever electronically filed for an Alaska Permanent Fund Dividend or used any of the State of Alaska's services via the State's website, you should have a myAlaska account\*\*

\*If you do not have an account, click on 'New User: Register for a myAlaska Account'\*

For new Users, you will need to follow the directions in order to sign up for a new myAlaska account before proceeding. If you already have an account you may skip the registration step.



When registering for a new account, enter in your information in the appropriate fields. Then, after reading the User Agreement, select the check box for 'I accept the User Agreement' (required for using myAlaska). Then, click on the 'Start Registration' button to proceed.



After reading and accepting the User Agreement, you will be sent an automated email from myAlaska. The body of the email will look similar to the screen shot below. Please use the link provided in that email to confirm your account.

This message was sent to you by a computer program, DO NOT REPLY to this message.

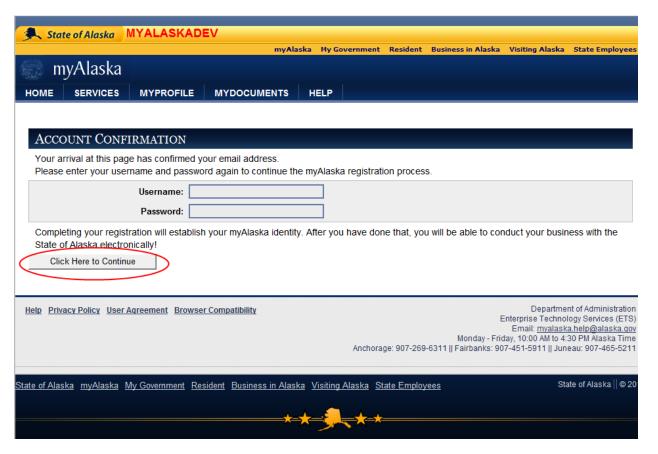
To continue with the registration process of your new myAlaska account, please verify your email address by visiting the following URL WITHIN 24 HOURS of registration:

<a href="https://mydev.alaska.gov/Confirm?type=NewAccount&ticketid=32ec6a70-2ad0-4fb0-8235-fd45c8c24893">https://mydev.alaska.gov/Confirm?type=NewAccount&ticketid=32ec6a70-2ad0-4fb0-8235-fd45c8c24893</a>

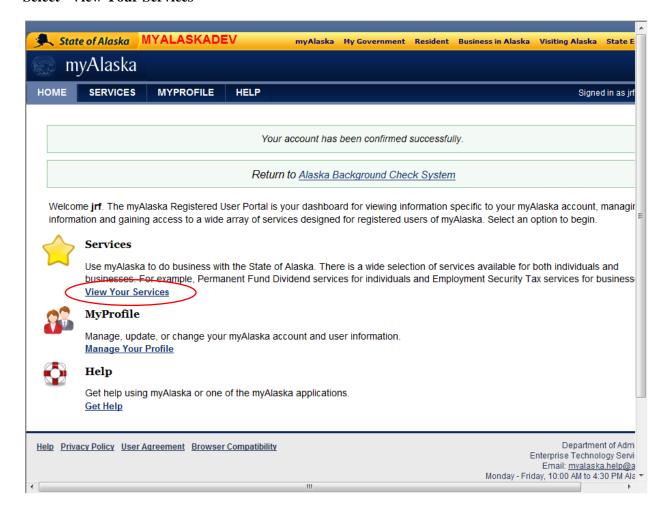
If you do not confirm your email address by visiting the above URL during the NEXT 24 HOURS you will have to restart the myAlaska registration process.

Click on the web link you received in your email to continue with the registration process.

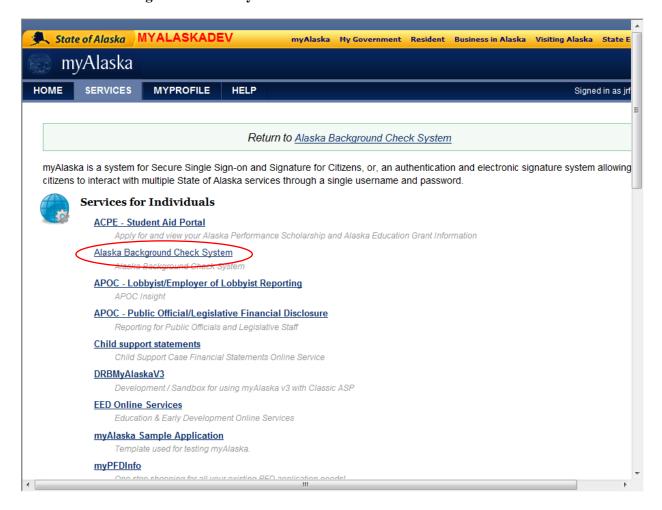
Once you have verified your email addres, you will be directed to the page below. Enter your username and password and select "Click Here to Continue" to proceed to next step.



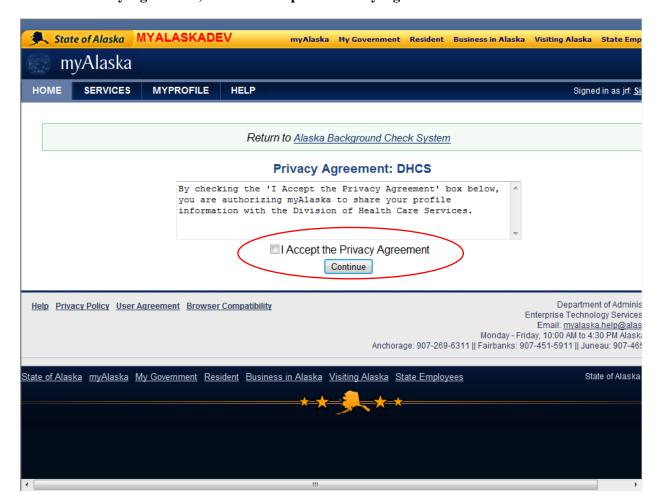
### **Select "View Your Services"**



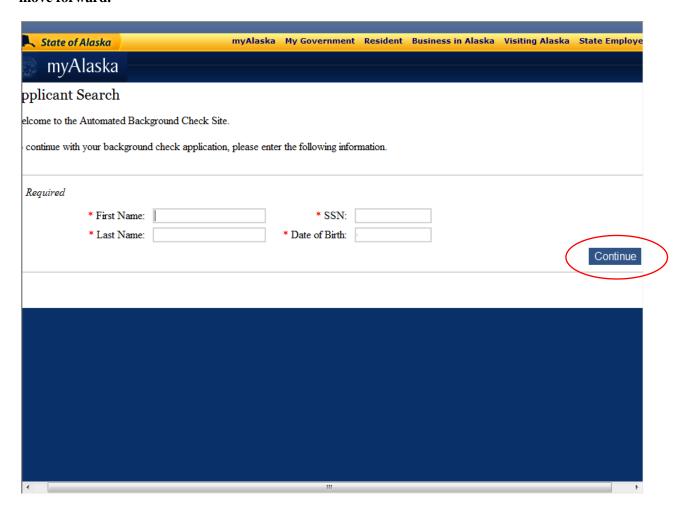
## Select "Alaska Background Check System"



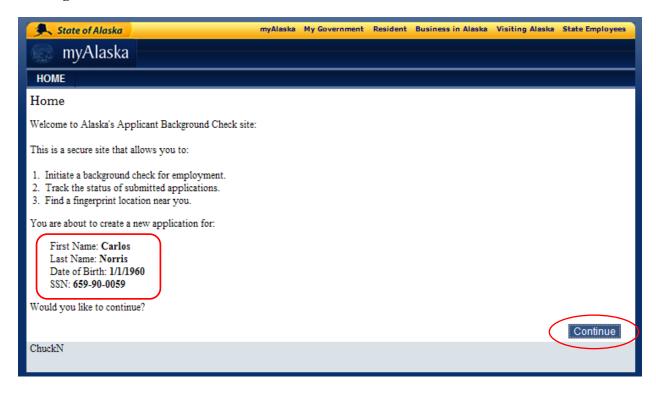
## Read the Privacy Agreement, select "I Accept the Privacy Agreement" box and hit "Continue"



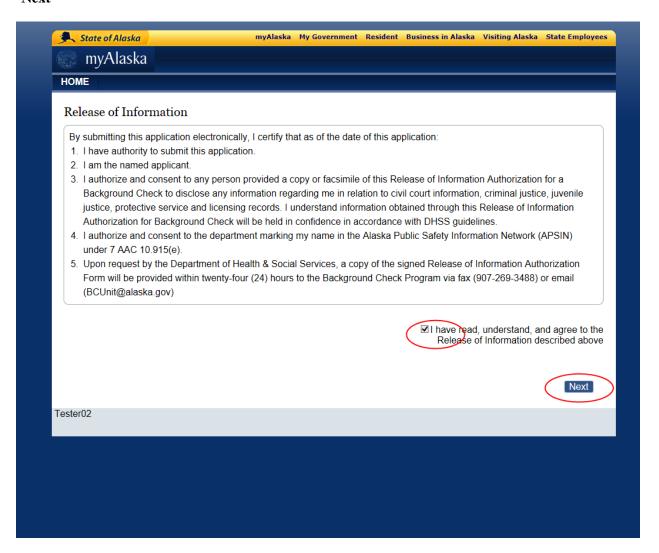
Enter your information. All information marked with a red asterisk is required. Select continue to move forward.



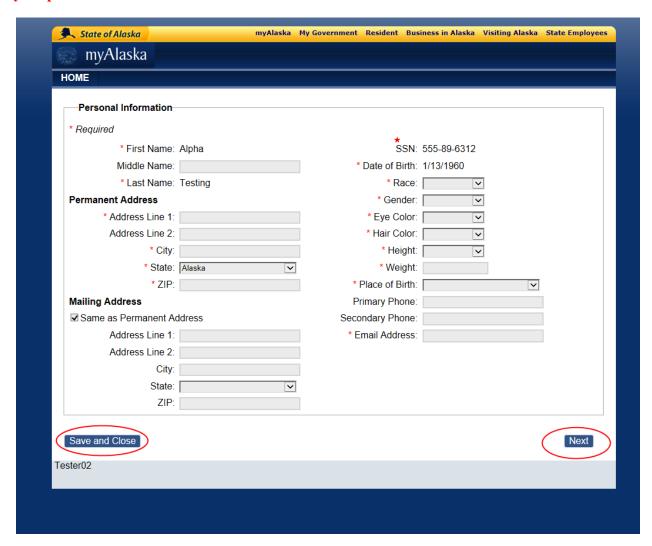
After you have entered all your information, please confirm that the information is correct before selecting "Continue"



Please read the Release of Information. Once you have read the below statement, click on the box, 'I have read, understand, and agree to the Release of Information described above' and select "Next"

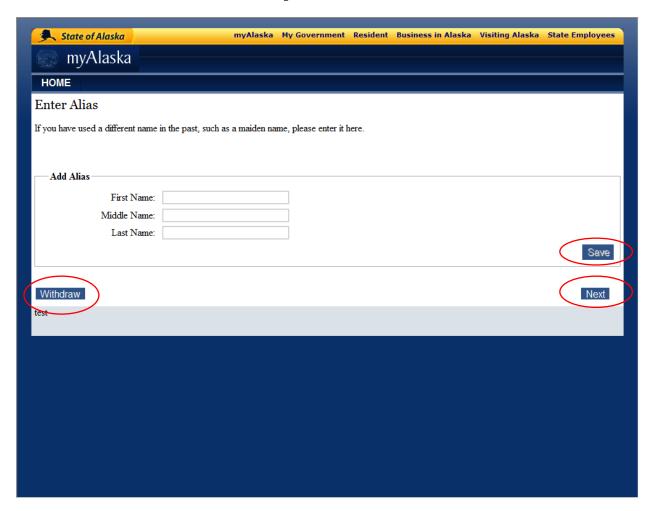


Fill in all personal information on this page. All required information is indicated by a red asterisks. Please select "Same as Permanent Address" box <u>if</u> your mailing address is the same as your permanent address.



Once you are done entering your information, you may continue through the registration process by clicking 'Next', or you may click the button labeled 'Save and Close' to come back at a later time and continue where you left off.

Please enter any alias names that apply below. This includes any/all former names such as a maiden name, or any other name or nickname. To enter more than one alias name, select "Save" after each alias name entered to open another alias box.



If you wish, you may withdraw your application by clicking on the 'Withdraw' button. This action cannot be undone. By selecting "Withdraw", your application to request a background check will be withdrawn. Please note: This action cannot be undone. If you withdraw your request and wish to apply in the future, you will be required to start the process from the beginning.

To continue with your application, select 'Next'

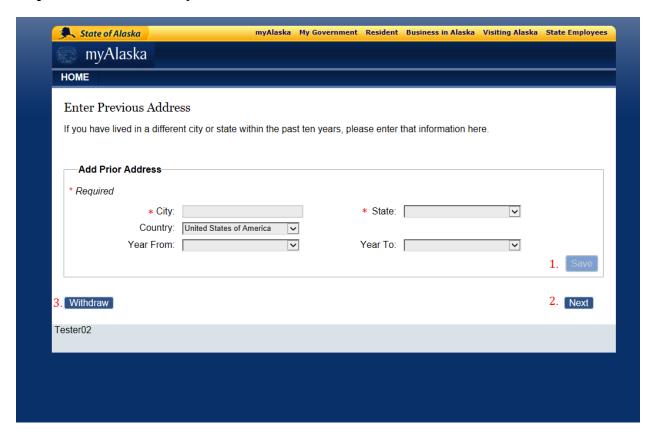
If you have lived in Alaska for the last 10 years, you may proceed to the next page by clicking 'next'.

If you have lived in another state within the last 10 years, please enter that information here. \*Please note: The BCP only requires your past 10 year history\*

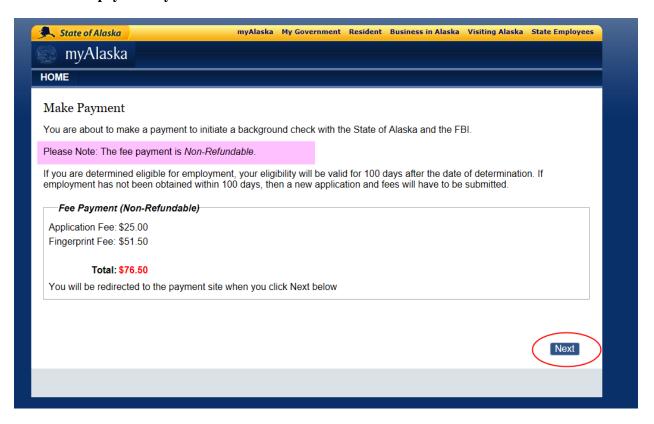
You may do one of three things on this page:

- 1. Select the "Save" button after each entry to add additional address information. This will open up another Prior Address box for you.
- 2. Select "Next" after you have completed entering your address history, to continue through the application process.
- 3. You may select "Withdraw"; however, by selecting "Withdraw", your application to request a background check will be withdrawn. Please note: This action cannot be undone. If you withdraw your request and wish to apply in the future, you will be required to start the process from the beginning.

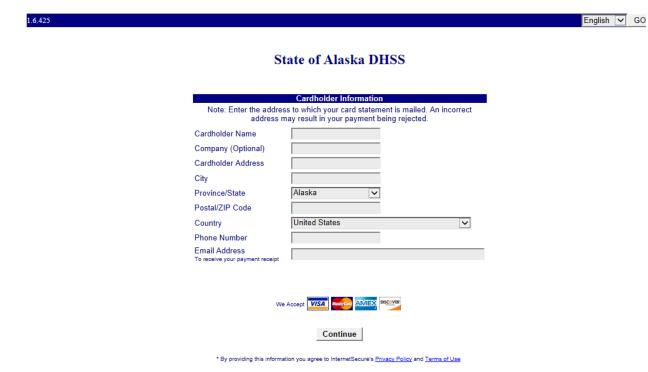
Required fields are noted by a red asterisks.



The below page shows you the total amount due for the background check; select "Next" to make a secure online payment by credit or debit card.

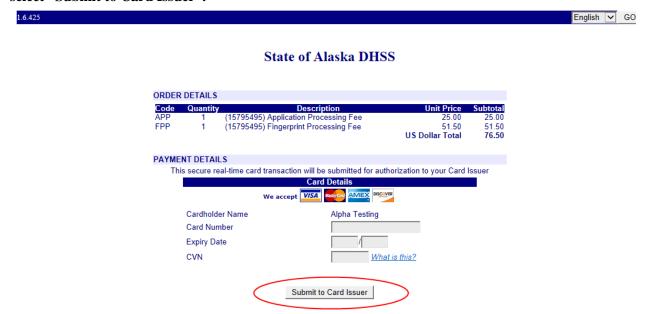


**Please fill in all billing information and select "Continue**". Please note: an online credit card receipt will be emailed to the email address you provide. Please make sure this email is correct if you need a copy of the receipt.



Go back to merchant site

The screen shot below shows you the total amount that will be charged to your credit/debit card. Here you will enter the Cardholder Name, Debit or Credit card number, expiration date, and the 3-digit security code on the back of your card. When you are finished entering all this information, select "Submit to Card Issuer".



Go back to merchant site

The screen below indicates your transaction has been approved and a receipt has been sent to the email address you provided. You must select "Click here to complete Payment" to complete the payment process. Please do not click the 'Click here to complete payment' more than one time. Please allow the system to finish the transaction. Selecting this button more than once may result in duplicate payments.

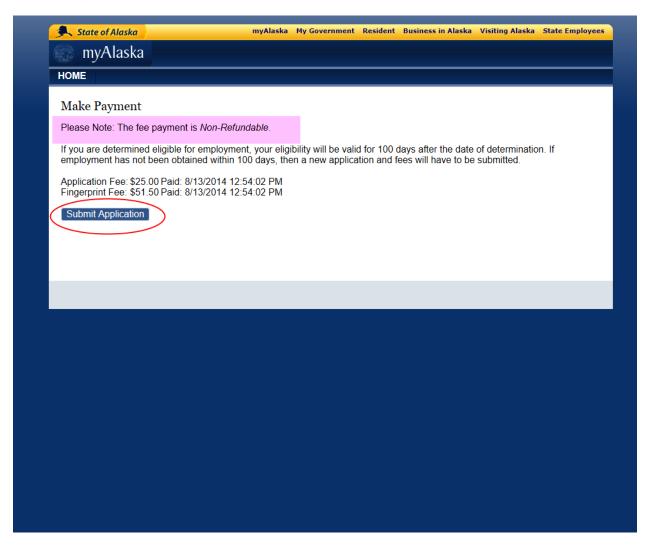
1.6.425

# State of Alaska DHSS

Aug 13, 2014 04:21 PM Your transaction has been approved. Your receipt has been sent to your e-mail address. Click here to complete payment This receipt confirms payment for your purchase from State of Alaska. This order will appear on your rins feeling to minims payment for your purchase from State of Alaska. This order will appreciate credit card statement as **State of Alaska DHSS**. To contact us, please send an e-mail to <a href="mailto:bcp.admin@alaska.gov">bcp.admin@alaska.gov</a> or call 123-456-7891. Receipt Merchant Number: Receipt Number: 143 Sales Order Number: 40 1432307831.4TST Authorization Code: CMC253 Transaction Type: eCommerce Billing Information Alpha Testing Company (Optional): Address: 123 Main Street Anchorage AK - 99503 907-555-5555 **Phone Number:** E-mail Address: Card Type: MC xxxxxxxxxxxx5557 Card Number: **Order Details** (15795495) Application Processing Fee (15795495) Fingerprint Processing Fee 51.50

**US Dollar Total** 

After you have submitted your payment, you will be directed to the screen below. Please select "Submit Application"



The below page will provide you with the status and next steps regarding your application.

If your fingerprints are required, click the 'fingerprint authorization form'. You will be required to choose a fingerprint vendor. If you do not know who you will use to roll your fingerprints, choose the 'Unknown vendor' option. Go to a fingerprint vendor to have your fingerprints taken, and submit your fingerprints to the Background Check Program.

If you choose to mail your fingerprints, you may mail them to the following mailing address:

Department of Health & Social Services Background Check Program 4601 Business Park Blvd., Bldg. K Anchorage, AK 99503-7167

Fingerprint Cards may be dropped off in person at the same address noted above.

If your application is not complete with all fees and fingerprint cards within 30 days from the time you submitted this application, the application will be canceled and you will be required to start the process for a background check from the beginning. Please ensure your fingerprints are received by the Background Check Program prior to the 31<sup>st</sup> day or your application will be canceled.

