NABCS: New Alaska Background Check System

Registering for a new Provider User Account

A ***Provider User*** is an individual who has been granted permission by the entity they own or work for to enter and monitor background check applications in the New Alaska Background Check System. We refer to this system as NABCS.

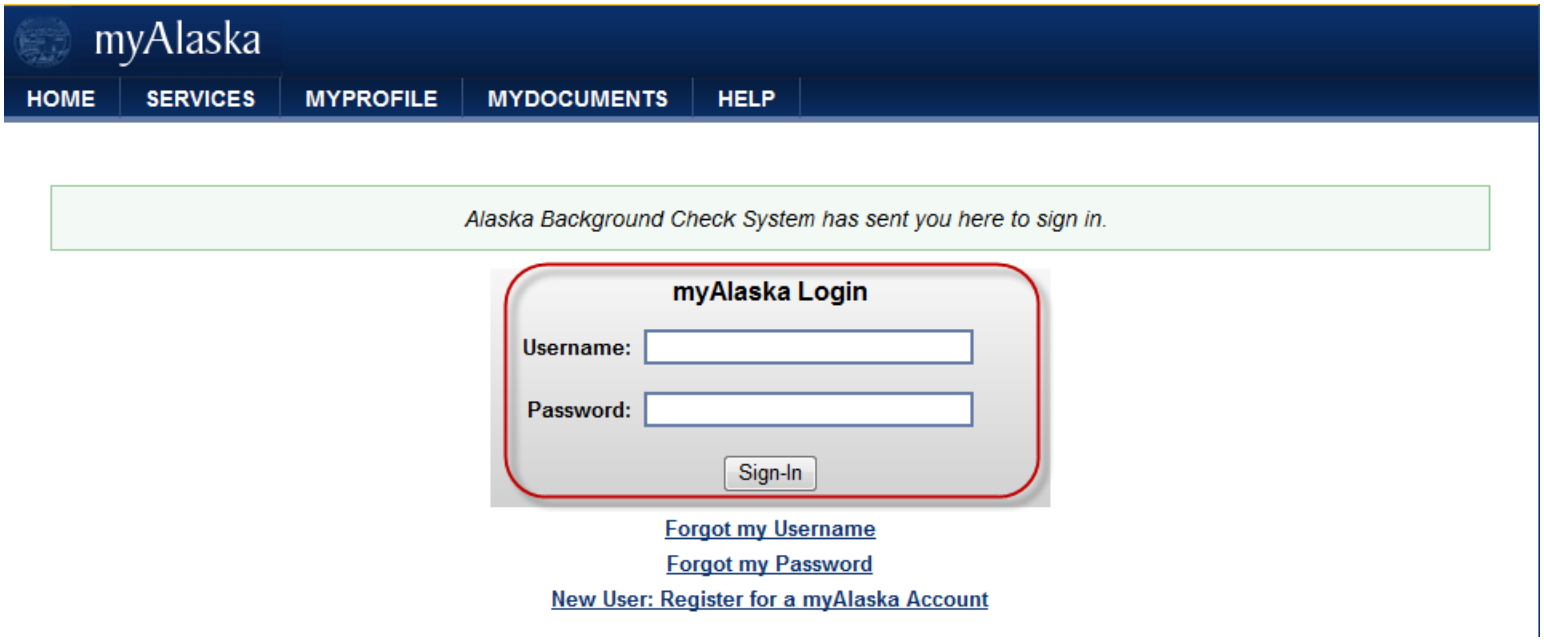
Prior to gaining access to NABCS, each user must have a myAlaska user name and password. Most individuals living in Alaska have a myAlaska account due to applying for the Permanent Fund Dividend, conducting business with Division of Motor Vehicles or other state entities.

The following slides will explain how to retrieve your username and password if needed and how to register for a new account if you do not already have one. Please note that some individuals may have more than one account. It will be necessary to ensure each time you access NABCS, the same user account is used. You will not be granted more than one user account in NABCS. Outside of the username, no personal information is shared between your myAlaska account and NABCS account.

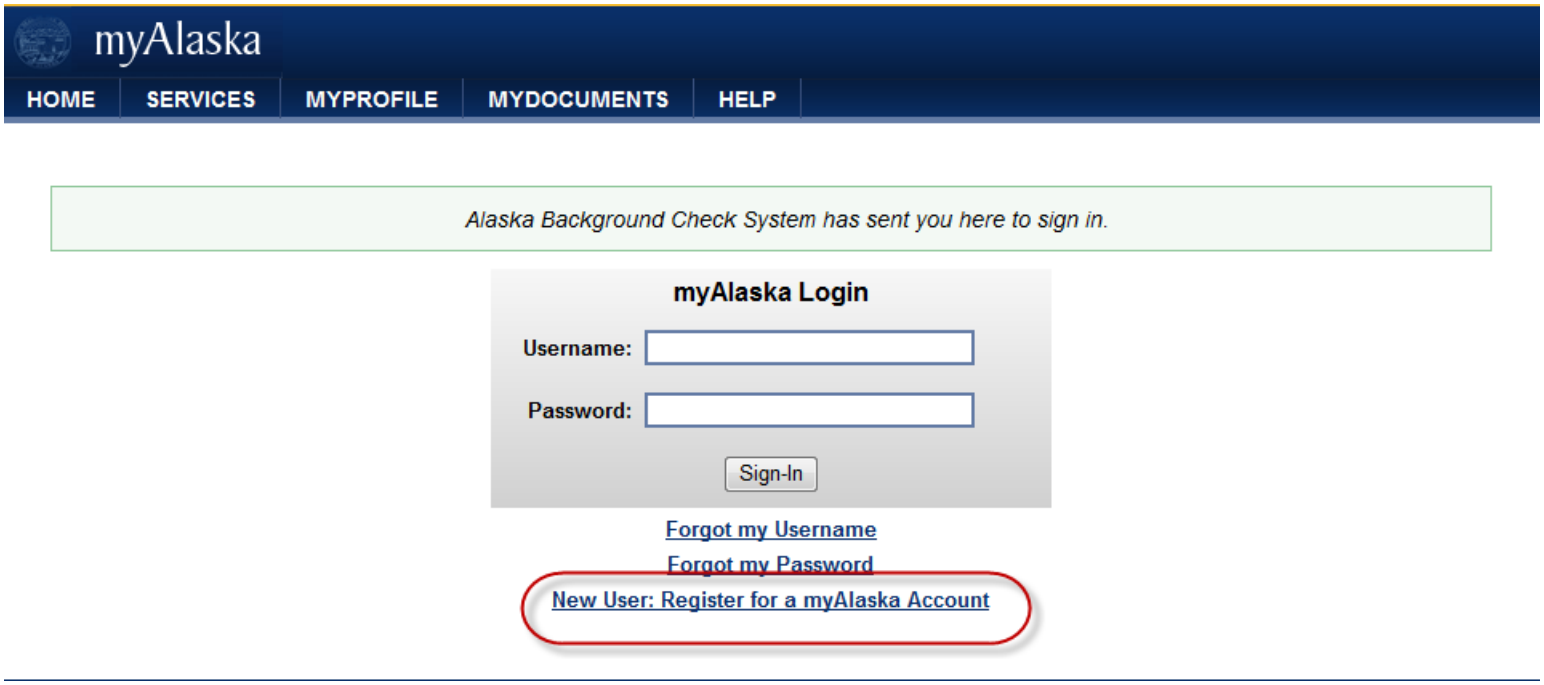
To access NABCS, go to: https://nabcsprovider.dhss.alaska.gov . You will be directed to a page requiring you to enter your myAlaska username and password. If you already have an account, enter the information in the fields provided and skip to slide 12 for further instructions.

If you have forgotten your username or password, use the links provided (Forgot my User name or Forgot my Password) to retrieve the information.

If you need to register for a new account, go to the following slide.



If you need to register for a new myAlaska account, you will need to click the New User link (circled below) and follow the instructions provided.



Complete required fields, read and accept the User Agreement, and click the Start Registration button.

Username:

Password:

Verify Password:

Secret Question: - Select -

Answer:

Email Address:

Verify Email Address:

User Agreement

AGREEMENT BETWEEN YOU AND THE STATE OF ALASKA

myAlaska is a web service operated by the State of Alaska that provides single-sign-on (authentication) for multiple state services and a framework for electronic signatures for state forms or transactions.

☐ I accept the User Agreement

Start Registration

You will receive a confirmation email from myAlaska. It is extremely important you follow the confirmation process to ensure your access to NABCS is not affected in the future. You must confirm your account within 24 hours by following the instructions provided to you in your individual email notification. Please note the information below is just a sample representation of the information you will receive.

From: myAlaska <myakas@alaska.gov>
To:
Cc:
Subject: MYALASKADEV | myAlaska - Account Verification

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:

https://mydev.alaska.gov/Confirm?type=NewAccount&ticketid=c3282732-39ab-489c-be20-863edae1468f

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.

The Username that you selected is **Testusername**. Please note the Username for your records.

It is very important that the email address stored in your myAlaska profile is current.

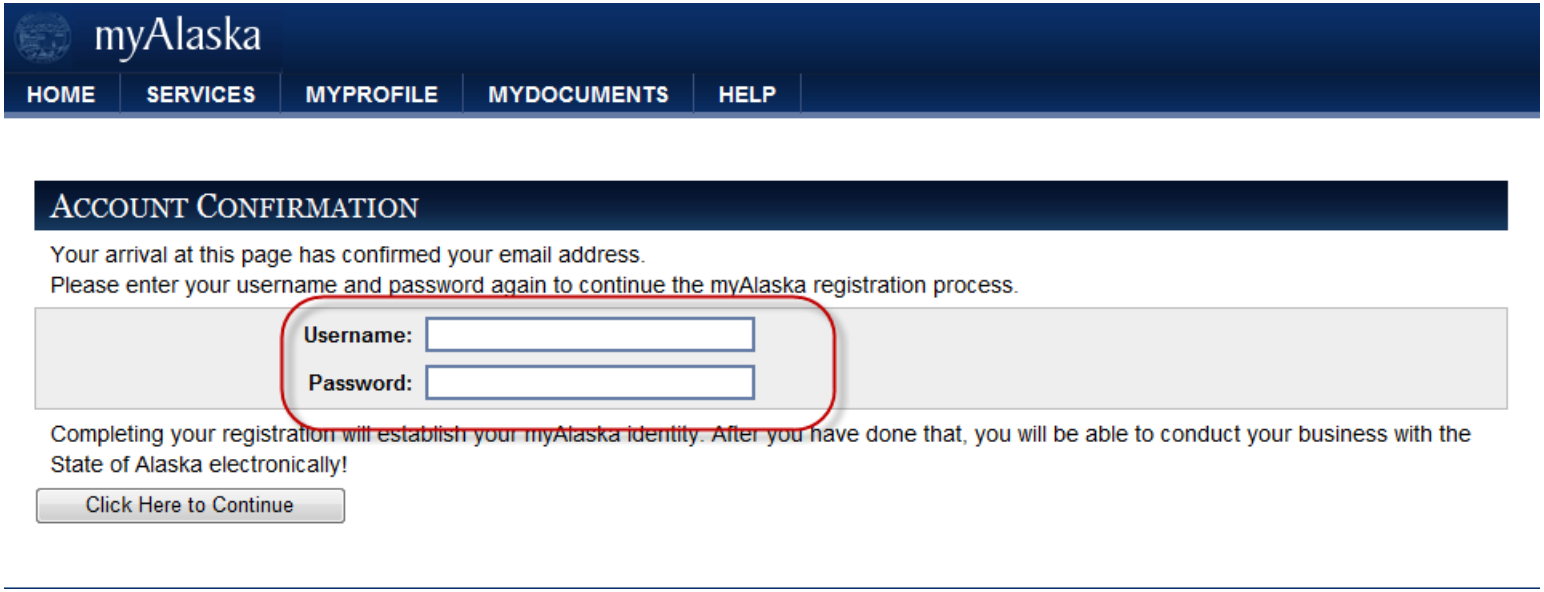
Once your email address has been confirmed, https://mydev.alaska.gov provides access to all myAlaska services.

No unsolicited email will be sent to you from myAlaska, and myAlaska will not share your email address with other parties without your authorization.

The myAlaska Team

myAlaska Help Center Phone:
In Anchorage: 1-907-269-6311
In Fairbanks: 1-907-451-5911
In Juneau: 1-907-465-5211
Email: myalaska.help@alaska.gov

After following the link in your confirmation email, you will be directed here. Enter your newly created username and password in the fields provided and circled here in red. Then, click the 'Click Here to Continue' button at the bottom of the page.



Complete your myAlaska profile by clicking the MYPROFILE tab.

myAlaska

Signed in as Testusername: Sign Out

HOME | SERVICES | MYPROFILE | MYDOCUMENTS | HELP

Your account has been confirmed successfully.

Return to Alaska Background Check System

Welcome **Testusername**. The myAlaska Registered User Portal is your dashboard for viewing information specific to your myAlaska account, managing your information and gaining access to a wide array of services designed for registered users of myAlaska. Select an option to begin.

Services

Use myAlaska to do business with the State of Alaska. There is a wide selection of services available for both individuals and businesses. For example, Permanent Fund Dividend services for individuals and Employment Security Tax services for businesses.
View Your Services

MyProfile

Manage, update, or change your myAlaska account and user information.
Manage Your Profile

Help

Get help using myAlaska or one of the myAlaska applications.
Get Help

Complete fields as necessary.

Your Information

Account

Username: Testusername

Email Address: example@example.com

Name

Name Prefix: (e.g. Dr., Mr., Ms.)

First Name:

Middle Initial:

Last Name:

Name Suffix: (e.g. Jr., PhD., LLD.)

Nickname: (e.g. Bob for Robert.)

Save Profile

Contact Information

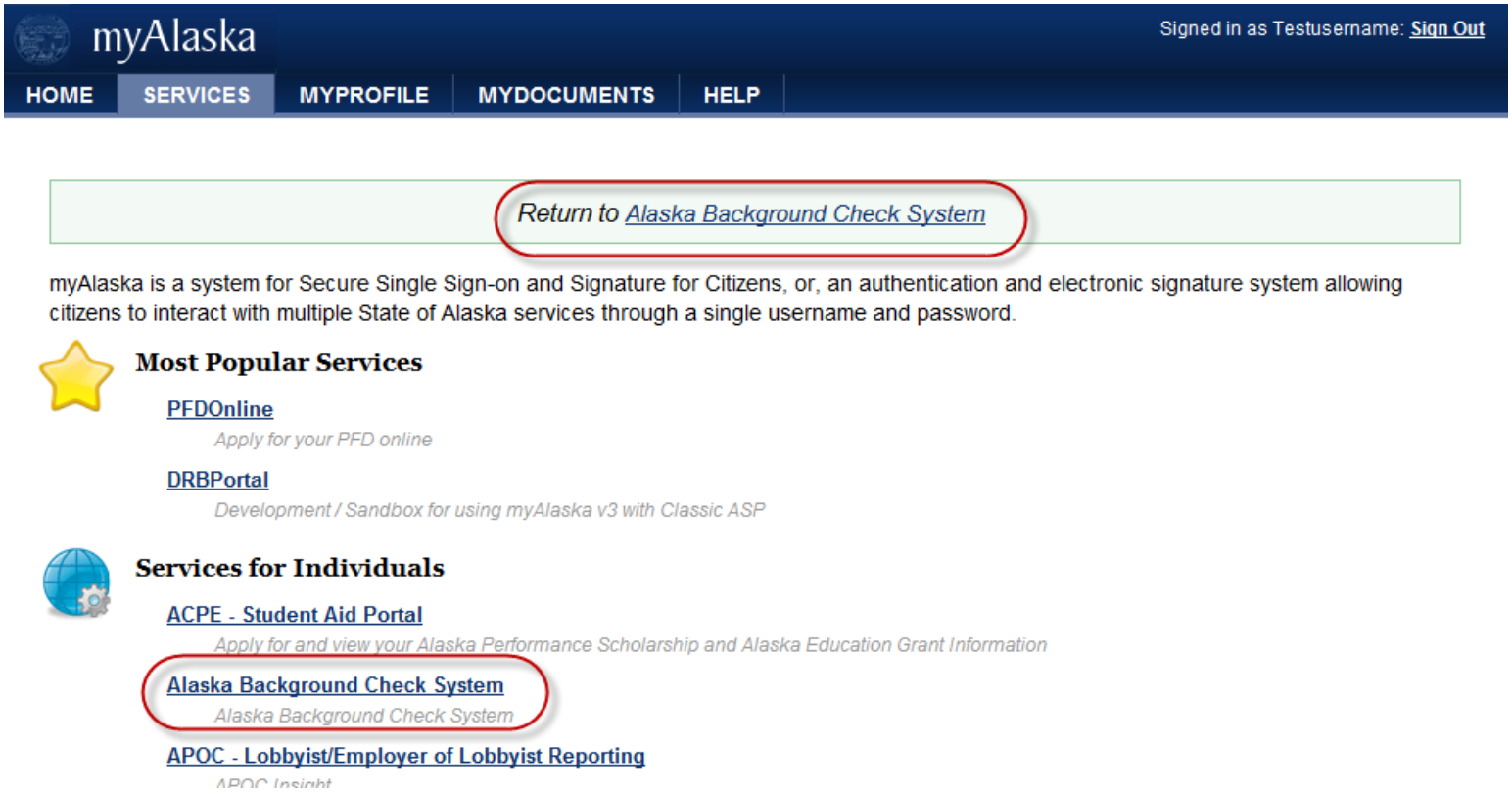
Phone Numbers

Add New Phone

Addresses

Add New Address

When you have completed saving your profile, go to the SERVICES tab. Choose one of the Alaska Background Check System. They are shown below circled in red.



You must agree to the Department of Health & Social Services Privacy Agreement by checking the box and then clicking 'Continue'

All new users will receive a message stating you have not been authenticated in NABCS. After receiving this message, you must contact your division oversight program and request authorization for the system. Division oversight programs are the programs that license and certify your entity. A list of division contacts are found at the end of the slides. A registration form can be found on the Background Check Program (BCP) website. Please note, you may send your registration request to the BCP. Requesting authorization from the BCP may delay your access. The BCP will need to verify your account information with the division oversight program prior to authorizing accounts.

Once your account has been authorized, go to: https://nabcsprovider.dhss.alaska.gov and enter your username and password. You should be automatically brought to your database Home screen. It should look similar to the picture below.

Home | Applications | Employees | Search | Reports | Reference | Admin

Home

Welcome to the Background Check TEST database!!!! Please note that all information entered into this system should be made up, fake, imaginary, or otherwise untrue data. This site is provided for training purposes to help new users learn the system before full implementation of the live system. This is the TEST system. If you are a pilot user (OCS staff and Pioneer Home staff) and need access to the pilot system, please contact Karen or Kyler at the information below.

At a Glance

Applications	
Not Yet Submitted By Provider	17
Not Yet Submitted By Provider > 10 Days	16
Eligibility Determination In Process	68
Eligibility Determination Complete	3
Determination Available and Action Needed (over 10 days old)	3
Applications Submitted But Fingerprints Not Completed	60
Determination Not Eligible Currently Employed	0
Pending Payments	15
Employees	
Provisional Status Expiring (Within 5 Days)	1
Provisional Status Expired	5
New Background Check Needed (Within 30 Days)	0

Important Messages

Important messages from the BCP will be displayed here. Check this section often to ensure you receive all updates and information.

Providers

Provider	Provider Status	Provider Contact
Kyler's Test Facility	Enabled	Karen Darby
Rich Grayson Test Facility	Enabled	Tracey Marshall
Test Facility 2	Enabled	Suzy Test
Tracey's Test Provider	Enabled	Tracey Marshall

Division Oversight Agency Contacts:

Division of Senior and Disabilities Services: dsdscertification@alaska.gov

Division of Behavioral Health:
Deedee Raymond 269-3619 deedee.raymond@alaska.gov
Michael Powell 269-3795 michael.powell@alaska.gov
Joan Houlihan 269-3796 joan.houlihan@alaska.gov

Division of Health Care Services:
karen.roe@alaska.gov
Jeanne.anglin@alaska.gov
jacquelyn.schulze@alaska.gov

Division of Health Care Services Residential Licensing:
Craig.baxter@alaska.gov
bob.gerwin@alaska.gov
robert.nave@alaska.gov

DPA Child Care Program Office:

South Central: Jodi Clark, 269-4671
Erin Dreyer, 269-4511

Email: ccpo@alaska.gov
Fax: 269-4536, 269-1064 or toll free 1-888-224-4536

Southeast: Ella Vernetti, 465-4756
Email: ccpo@alaska.gov
Fax: 465-6982 or toll free 1-888-224-4536

Northern: Stephanie Maltez, 451-3198
Email: ccpo@alaska.gov
Fax: 451-3196 or toll free 1-888-224-4536

Department of Education and Early Development: melora.gaber@alaska.gov

The following form is available on the BCP website and can be used to request authentication of your new user account.

State of Alaska/Division of Health Care Services
Background Check Program NABCS: New Alaska Background Check System
User Account Registration Form

PLEASE NOTE: If you completed a Pre-Registration form in April 2014 for this system, you do not need to resubmit a new form

Instructions: To register for a NABCS user account for the New Alaska Background Check System, the following information must be submitted. If you do not have a myAlaska user account, please visit https://my.alaska.gov to register for a new account before completing this form. Do not, at any time, provide your password. Your myAlaska password is not needed by the Background Check Program. The information you provide below should include the phone number and email address you use for work purposes. Unless you use your personal information for work purposes, please do not provide your personal information. Please ensure all information is legible. If the information is not clear or not complete, your user account will not be registered.

myAlaska User Name:			
First Name:		Last Name:	
Work Phone:		Work Email:	

Please provide the facility name(s) you are associated with and for which you will need access to the Background Check Program database.

Facility Name:		Current Facility PIN:	
Facility Name:		Current Facility PIN:	
Facility Name:		Current Facility PIN:	
Facility Name:		Current Facility PIN:	
Facility Name:		Current Facility PIN:	

Please have this form signed and completed by the individual listed as the Primary Point of Contact

For additional power point trainings, please visit the Background Check Program website at:

http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck/default.aspx