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: _____

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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 (POC) for the facility. User accounts will not be registered with validation from the POC granting you permission to access background check information for the facility listed above.

POC First Name: _____ POC Last Name: _____

Phone # _____ Email: _____

By signing this form, I am verifying and granting permission to the individual listed above to access the background check information for the listed facility(s) in the course of their job duties and responsibilities.

POC Signature: _____

Once complete, please return this form to your oversight division for account authorization. Your oversight agency is the agency that licenses, certifies, or otherwise oversees your entity for background check compliance. You may also fax this form to the BCP at (907) 269-3488.

PLEASE NOTE: illegible faxes and incomplete forms will not be processed.

Division Oversight 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

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, jodi.clark@alaska.gov
Erin Dreyer, 269-4511, erin.dreyer@alaska.gov

Southeast: Ella Vernetti, 465-4756, ella.vernetti@alaska.gov

Northern: Stephanie Maltez, 451-3198, stephanie.maltez@alaska.gov

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