

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

Individual User Information: To register for a NABCS user account, 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. Your myAlaska password is not needed by the Alaska Background Check Program. The information you provide below must include the phone number and email address you use for work purposes. Unless you use your personal myAlaska email and phone number 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: _____
Access Request (select one): Provider Admin Provider Staff

I, (First & Last Name) _____, agree to take reasonable and appropriate steps to both protect the physical security of personal data in the Background Check System, and to prevent unauthorized access to the system. This includes maintaining a unique password for NABCS, and not sharing my password with anyone for any reason. I understand the information contained in the Background Check System is highly confidential, and permitting another individual access to the system through my username and password is a breach of confidentiality. I will immediately report any instance in which another individual gains access to this system through my username and password. I also understand knowingly permitting another individual access to the system through my account may cause the Background Check Program to immediately disable my account pending a security breach investigation.

Individual User Signature: _____ Date: _____

Primary Point of Contact: When the top portion of the form is complete, please provide the facility name(s) to which the above user should be granted access.

Facility Name: _____
Facility Name: _____
Facility Name: _____
Facility Name: _____
Facility Name: _____

By signing this form, as the Primary Point of Contact (POC), I am verifying and granting permission to the individual listed above to have access to the background check information for the listed facility(s), in the course of their job duties and responsibilities. I also understand I must ensure each individual maintains the confidentiality of their user account information to prevent unauthorized access to the Background Check System. I understand unauthorized access to the Background Check System may be cause to immediately disable all user accounts associated with the above listed facilities pending a security breach investigation.

POC First Name: _____ POC Last Name: _____
Phone # _____ Email: _____

POC Signature: _____ Date: _____

Once complete, please return this form to the Background Check Program for account authorization by emailing bcunit@alaska.gov or you may also fax this form to the BCP at (907)269-3488.

PLEASE NOTE: Illegible or incomplete forms will not be processed.