



Alaska Background Check Application

INTERIM PROCESS

Published May 21, 2021 - Effective May 24, 2021

Updated July 20, 2021 - Effective August 1, 2021 (see pg. 2, #5)

**This application must be used while NABCS is offline.
Once NABCS is restored, ONLY electronic applications will be accepted.**

**Asterisks mark required fields. Applications will not be processed without complete information.*

Personal Information

Facility Name *: _____

Facility Email *: _____

Facility Contact Phone No *: _____

Full Legal Name: _____
*Last *First M.I. Date of Birth *(mm/dd/yyyy)

Permanent/ Physical Address: _____
*Physical Street Address *Apartment/Unit #
*City *State *ZIP Code

Mailing Address (if different than Permanent/ Physical Address): _____
*Mailing Address *Apartment/Unit #
*City *State *ZIP Code

Primary Phone *: () _____ Secondary Phone *: () _____

*Applicant's Email Address: _____

*SSN (or ITN) : _____
 This is an ITN

Demographic Information

*Race/Ethnicity: (Asian, Black, White, Native American, or Other) _____
*Gender: (Male, Female, Unknown, Other) _____

*Eye Color: (Black, Blue, Brown, Hazel, Green, Grey, Unknown) _____
*Hair Color: (Black Blonde, Brown, Grey, Sandy or Light Brown, Red, White, Unknown) _____

*Height: _____ FT _____ IN *Weight: _____ Lbs.

*Place of Birth (Country/State): _____

Alias

Aliases/Prior Names (includes all names by which a person is currently known as, or has previously gone by, including nick names): Please attach additional pages as necessary

First Name: _____ Middle Name: _____ SSN/ITN: _____

Last Name: _____ This is an ITN _____
Date of Birth: _____
(mm/dd/yyyy) _____

First Name: _____ Middle Name: _____
SSN/ITN: _____
Last Name: _____ This is an ITN _____
Date of Birth: _____
(mm/dd/yyyy) _____

Prior Address History

*** Prior Addresses in the last 10 years:** Please list the state(s) in which you have lived outside of Alaska for the last 10 years. This includes those states in which you have lived for schooling or training even if you remained an Alaska resident during that time. If you have lived in Alaska for the entirety of the last 10 years, you do not need to complete this section. Please attach additional pages as needed.

State*: _____

Year(s) From*: _____ **to** _____

State*: _____

Year(s) From*: _____ **to** _____

State*: _____

Year(s) From*: _____ **to** _____

Instructions

1. DHSS no longer has access to NABCS electronic data.
 - If you have been unable to submit an application in NABCS as of May 17, 2021 because the system is down, you must submit a hard copy application.
 - If you have submitted an application prior to May 17, 2021, we do not have access to those electronic records, and you must submit a hard copy application.
 - If you were using a third-party contractor and NABCS went down and you were not able to enter electronically, you will need to submit a hard copy application.
 - Effective May 17, 2021, temporary provisional approval changes are rescinded as the Background Check Program (BCP) resumes CourtView review of all applicants. Third-party background checks in response to the court system cyber-attack are no longer accepted.
2. Applications can be mailed, faxed, or hand delivered between the hours of 10:00am – Noon to:
DHSS, Background Check Unit
4601 Business Park Blvd, Bldg. K,
Anchorage, AK 99503.

Fax: 907-269-3488
3. Hard copy applications will only be processed in the order in which they are received and will not be processed until a full and complete application is received, including all applicable fees.
4. Payments
 - All new applications including those you were unable to submit in NABCS on and after of May 18th, 2021 as a result of the cyberattack, you must submit a hard copy application and proof of payment.
 - If you submitted an application on or prior to May 17th, and:
 - Have not received a confirmation of a provisional clearance, you must submit a new hard copy application and proof of payment.
 - Received confirmation of a provisional clearance, no additional action is necessary.
 - No upfront payment for Pioneer Home, Alaska Psychiatric Institute, and Office of Children’s Services as these are paid for by inter-agency Reimbursable Service Agreement (RSAs).
 - Child Care Program Office - \$40
 - All others \$88.25
 - Credit card payments can be made over the phone at 907-334-2400 or in person.
 - We accept:
 - Cash (at the **front desk only** and exact amounts only accepted)
 - Check or credit card (Visa/MasterCard)
 - Money Order
 - A receipt of payment will be provided for all payments.
5. **Effective August 1, 2021, the Department of Health and Social Services’ suspension of 7 AAC 10.910(a) and 7 AAC 10.910(b)(3), permitting the Background Check Program to issue provisional clearances without fingerprinting, is rescinded. All new background check applications submitted on/after August 1, 2021 must include a fingerprint card. Incomplete applications will be pended until all required information, including fingerprint card, is received.**
6. Please ensure you provide a valid email address.

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service, and licensing records. I understand any person providing information or records in accordance with this authorization is released from all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DHSS guidelines.

I, _____, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

I, _____, understand that upon submission of my fingerprints will be used to check the criminal history records of Alaska and of the Federal Bureau of Investigations (FBI).

I, _____, understand that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

Applicant Signature

Date