



NABCS Provider Access Request Form

About NABCS

Email Completed Form to bcp.access.requests@alaska.gov

NABCS is an online system to track employment eligibility for persons working in facilities with vulnerable populations.

1. Provider / Facility Information

Provider/ Facility Name					
Address					
City		State		Zip	
Phone		Fax			

2. Contact Information *If we have any questions concerning your account, this is whom we will contact.*

Primary Contact Name:			
Email		phone	

3. IP address:

NABCS requires an external facing static IP address or IP pool (range).
(IP addresses beginning with 10. or 192.168 are not external facing)

--

<p>For Internal Use Only Approved: Order Template:</p>	<p>Order Workflow: IP Address:</p>
---	--

Facility Access Requirements

1. You must coordinate your user access requirements, and user access parameters, with your NABCS Contact or Sponsor
2. You must immediately discontinue use of any of your Facility's computers or electronic devices that show signs of being infected by a virus or other malware and report the suspected incident.
3. You must use ensure your Facility only accesses background checks for which you have been granted authorization

4. You must ensure that your Facility uses only currently supported browsers such as Microsoft Edge or Google Chrome.
5. Review your facility's employees' access to NABCS every 30 days and report any access status changes to bcunit@alaska.gov or (907) 334-4475.
6. Recognize that NABCS will monitor use of the web portal by individual users and that unauthorized use will be reported to proper authorities.
7. You must report all security incidents or suspected incidents (e.g., hacked accounts or computers with access, improper or suspicious acts) related to NABCS to hss-security@alaska.gov.

ACCEPTANCE AND SIGNATURE

I have read the above NABCS Provider Access Request Form. By my signature below, I acknowledge and agree that my Facility's access to NABCS is covered by, and subject to, such Rules. Further, I acknowledge and accept that any violations of these Rules may subject my facility to civil and/or criminal actions and that the Background Check Program retains the right, at its sole discretion, to terminate, cancel or suspend my access rights to NABCS at any time, without notice.

User Signature

Date

Print Name

Title

Email Address

Your Organization

NABCS Sponsor Signature (BCP Staff)

Date

Print Name

Title

Please email forms to: bcp.access.requests@alaska.gov