



**BACKGROUND CHECK
WEBSITE REGISTRATION
FORM
1 of 2 Pages**

Nevada Division of Public and Behavioral Health
Background Check Unit
727 Fairview Drive, Suite E
Carson City, Nevada 89701
Phone: (775) 684-1058 Fax: (775) 684-1073
Website: <http://health.nv.gov/HCQC.htm>
Email: pbhbgcheck@health.nv.gov

You are requesting access to the Nevada Automated Background Check System (NABS). The use of the system is governed by the state and federal laws regarding appropriate access and use of criminal history information for employment purposes. Unauthorized access or improper use of the information is prohibited.

Only facilities licensed by the Division of Public and Behavioral Health (DPBH) that are required to background check employees and contractors in accordance with Nevada Revised Statutes (NRS) Chapter 449 may access the Nevada Automated Background Check System.

A website administrator must be designated. The website administrator is responsible for determining the persons who are authorized to use the internet website and ensuring that only those authorized persons have access to the website. Access to the website must be limited to persons involved in background checking employees.

COMPLETE THIS FORM. PLEASE FILL IN THIS FORM ELECTRONICALLY AND SUBMIT. *(If unable to complete electronically type or print in black or blue ink and submit by mail to the address above).*

Facility Information

Facility Name: _____ License #: _____

Owner Name (must match what is on file with DPBH): _____ DPS Account #: _____

Names of Other Facilities Owned (complete only if one DPS account number for multiple facilities)

Facility Name: _____ License #: _____

Facility Name: _____ License #: _____

Facility Name: _____ License #: _____

Facility Name: _____ License #: _____

I certify that all of the listed facilities have the same Department of Public Safety (DPS) account number.

If you are the same owner with the same tax ID number for each licensed facility you may have one Nevada Department of Public Safety (DPS) account number. This will allow your facilities to be connected in the system which will allow each facility to see the background check results of an employee that works at more than one facility owned by the same owner. You must notify DPS by calling 775-684-6214 if you already have more than one account number and would like to establish only one.

Name of Website Administrator

Name of Website Administrator: _____ Phone#: _____ Email: _____

If there is a change in the website administrator you must notify DPBH by emailing pbhbgcheck@health.nv.gov and provide the facility name, license number, name of previous website administrator to be disabled from system and full name, phone number and email of the new website administrator.

Child Abuse & Neglect Checks (CANS checks)

❖ Does your facility provide services to children? Yes or No

If you checked yes, please check one of the following:

Yes I would like the system to run a Child Abuse & Neglect Check (CANS check) on all applicants I screen in the system.

No I do not want the system to run a Child Abuse & Neglect Check (CANS check) on applicants I screen in the system.

Submission Instructions

Complete the form electronically, save it and submit it via:

EMAIL TO: pbhbgcheck@health.nv.gov

FAX TO: (775) 684-1073

MAIL TO: Division of Public and Behavioral Health
Background Check Unit
727 Fairview Drive, Suite E
Carson City, NV 89701

FOR DIVISION OF PUBLIC AND BEHAVIORAL USE ONLY

Facility confirmed to be a licensed Division of Public and Behavioral Health facility

Owner confirmed to be the same for those that list multiple facilities owned by the same owner

Facility entered into Nevada Automated Background Check System and Account established