

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CHILD CARE LICENSING PROGRAM
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

Out-of-State Background Verification Form

****This form must be received by Child Care Licensing within 90 days of hire****

Date of Completion: _____

Date of Hire: _____

Facility: _____

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Social Security Number:** _____

Were you able to obtain a Criminal History Background Check and a Child Abuse and Neglect Check from previously lived in State(s)? Yes No N/A

If yes, please attach any and all documents received. If not, please explain: _____

**** The State of Nevada does not currently have a comprehensive list of Out of State Criminal Agencies, however please see the following link**
https://childcareta.acf.hhs.gov/sites/default/files/public/child_care_subsidy_cbc_state_contacts_9-12.pdf

List the agency/person you spoke with and their contact information regarding this matter:

Person Name: _____ Agency Name: _____

Agent/Agency Phone: _____ Agency Address: _____

Signature

Notary