



DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Division of Public and Behavioral Health
CHILD CARE LICENSING

LAS VEGAS OFFICE

3811 W. Charleston Blvd., Ste 210
 Las Vegas, NV 89102
 Phone: 702-486-3822 Fax: 702-486-6660

ELKO OFFICE

1010 Ruby Vista Dr., Suite 101
 Elko, Nevada 89801
 Phone: 775-753-1237 Fax: 775-753-1336

CARSON CITY OFFICE

727 Fairview Drive, Suite E
 Carson City, Nevada 89701
 Phone: 775-684-4463 Fax: 775-684-4464

CHANGE IN PERSONNEL NOTIFICATION

DATE: _____ FACILITY: _____
 ADDRESS: _____ DIRECTOR/OWNER: _____

****Background Check Processing Fee is \$11.50 per individual****

Please send this form only to Joshua Lancaster at Jlancaster@health.nv.gov or FAX to 702.486.6660

Name of Staff - Resident(s)	Hire/Renewal Date - Residence	Date of Birth	Social Security #	Date Fingerprinted	Date of TB Test	Fee per Staff \$11.50
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
Name of Staff Terminated/No Longer at Residence				TOTAL DUE		
1.	2.	Example: \$11.50 x 4 staff = \$46.00 Make payments online via the ALIS system: https://nvdpbh.aithent.com/login.aspx				
3.	4.					
5.	6.					
7.	8.					
9.	10.					

****Staff/residents under the age of 18 are not required to submit Consent and Release or background items but are required to comply with Change in Personnel requirements****