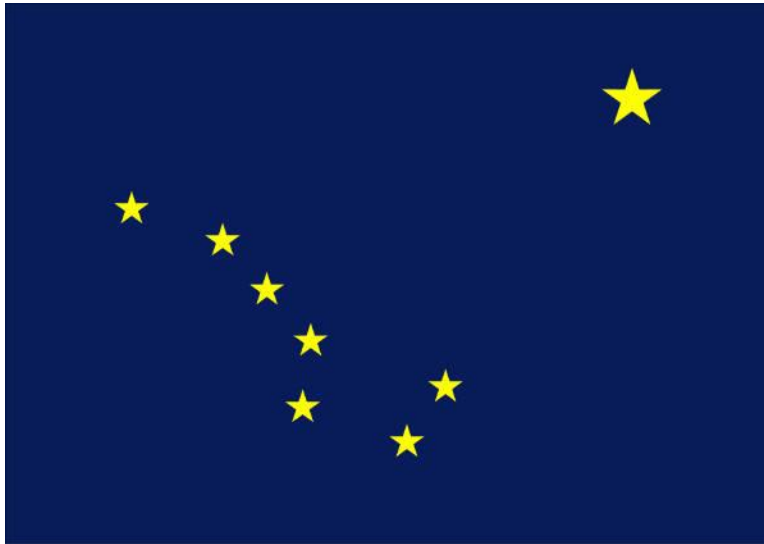


State of Alaska



Background Check Program Application Guide

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A. Welcome.

1. To access the Alaska Background Check Program (BCP) database, log onto:

<https://abcs.dhss.alaska.gov/>

2. Save this address in your favorites and when the screen below appears on your computer, simply type in your Provider ID number and click the logon button.

The screenshot shows the Alaska Background Check Program website. At the top, there is a navigation bar with links for "State of Alaska", "Health & Social Services", "Public Notices", "myAlaska", and "Health & Social Services" followed by a search box. The main heading is "Alaska Background Check Program" with a breadcrumb trail: "State of Alaska > Health & Social Services > Public Health > Certification & Licensing > Background Check". Below the heading is a large "Welcome to the Alaska Background Check System" message. A "State of Alaska Computer Resource Terms of Usage Notice" is displayed, stating that the system is the property of the State of Alaska and that users consent to monitoring. A yellow box contains a "Please Note" regarding students in training programs. Below this is a prompt to enter the provider identification number. A "Login" section contains a "Provider Id" input field and a "Logon" button. At the bottom, there is a link to the "ABCS Provider Manual".

State of Alaska Health & Social Services Public Notices myAlaska Health & Social Services Search

Alaska Background Check Program

State of Alaska > Health & Social Services > Public Health > Certification & Licensing > Background Check

Welcome to the Alaska Background Check System

State of Alaska Computer Resource Terms of Usage Notice

The Alaska Background Check System (ABCS) is the property of the State of Alaska. Upon entering information in the provider identification block, selecting the "logon" option on this ABCS page, or further accessing and using this system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized use or access is punishable under State of Alaska Criminal Law.

Please Note: Applications for background checks for students that are enrolled in a training program that requires them to participate in clinical rotations or other practicum activities as a part of their education should be entered as a student and not as a volunteer. The \$25.00 application fee does apply to these individuals as well as the \$54.25 fingerprint processing fee if applicable to that individual.

Please enter your provider identification number.

Login

Provider Id

[ABCS Provider Manual](#)

- Once you have entered your Provider ID and logged on you will see the following screen. Click on the "Add a New Application"

State of Alaska Health & Social Services Public Notices myAlaska Health & Social Services Search

Alaska Background Check Program

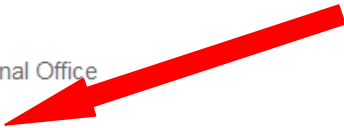
State of Alaska > Health & Social Services > Public Health > Certification & Licensing > Background Check

Alaska Background Check System

Facility Menu

Provider: Anchorage Regional Office

- Add a New Application
- Employee Release of Information Form
- Log On To Secure Area
- Logout



- After you click "Add a New Application" the following screen will appear

Alaska Background Check System

Welcome to the State of Alaska Background Check System

The information obtained on this application will be used for background check purposes only. You will be given the opportunity to review and edit all fields at the end of the application. Do not attempt to edit until you have finished filling out the application.

You will be required to provide previous addresses for the applicant for the past 10 years (City, State and Country only)

A complete application includes the following: Release of Information Form, 25\$ application fee, Certification of Positive Identification, Fingerprint Card, and \$54.25 fingerprint processing fee if applicable. Applications will not be processed until complete. Applications which remain incomplete after 30 days will be closed. Further information is available at <http://www.hss.state.ak.us/dhcs/CL/bgcheck/default.htm>.
In the past, as a courtesy to employers, the Program has processed provisional authorizations with the Release of Information only. This has impacted our ability to produce timely results to ensure employees meet the state's regulatory mandates in order to work with vulnerable populations.

To begin a new application enter the following information:

Note: Required fields are marked with an asterisk (*)

Begin Application

Social Security # *

Confirm Social Security # *


5. Enter the applicant's social security number and then enter again for confirmation purposes.
6. When you have done so click the "Begin Application" button.
7. The following screen will appear. (note that this is only the top half of the screen)

NOTE: Please note that **all asterisked fields are required to be filled out**

Alaska Background Check System

Demographics
Address Info
Additional Info
Position
Affidavit
Review

Demographics: Page 1 of 6

Note: Required fields are marked with an asterisk (*) 

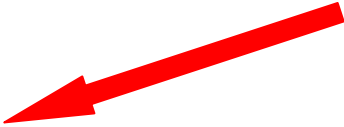
Applicant Name

Legal Last Name *

Legal First Name *

Legal Middle Name

Legal Suffix



Identification

Social Security # *

Drivers License #

State

Date of Birth *

Gender: Male Female Unknown

B. DEMOGRAPHICS

1. Enter the applicant demographic information as shown on the next page (See yellow arrows)
 - a. Enter the applicant's Last Name, First Name and Middle Name/Initial.
 - b. You will note that the social security is auto filled. (See red arrow)
 - c. Enter the driver's license number and state. The state is a drop down so you can either pull down the list or continuously hit "a" until AK shows up.
 - d. Enter the date of birth.
 - e. Lastly click the gender button

The screens should look like the following two screens

Applicant Name

Legal Last Name * ←

Legal First Name * ←

Legal Middle Name

Legal Suffix

Identification

Social Security # * ←

Drivers License # ←

State

Date of Birth * ←

Gender: Male Female Unknown ←

2. The bottom half of the page has the following screens

Other Names

Do you have any other names? (Aliases, Previous, Maiden) Yes No ←

Phone Numbers

Type	Phone Number	Extension	
<input type="text" value="Alternate Work Place"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

a. If you click "YES" on the other names button the following screen will appear

Other Names

Do you have any other names? (Aliases, Previous, Maiden) Yes No

Type	Last Name	First Name	Middle Name	Suffix	
<input type="text" value="Adopted Name"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/> #1

Phone Numbers

Type	Phone Number	Extension	
<input type="text" value="Alternate Work Place"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/> #2

#3

- b. Enter any other names that the applicant may have. The drop down menu will give you a variety of selections such as Maiden Name, Legal Name, Alias, etc. Enter any that are necessary and click the add button after entering each additional name. See Yellow Arrow #1
- c. The drop down menu will offer various selections for phone numbers. Select the appropriate type and enter the phone number information including area code and any extension. See Yellow Arrow #2
- d. When all information is entered click the "Continue" button. See Yellow Arrow #3

C. Address Information

Alaska Background Check System

Demographics
Address Info
Additional Info
Position
Affidavit
Review

Address Information: Applicant: Test, Eugene

Page 2 of 6

Note: Required fields are marked with an asterisk (*)

1. The section is broken down into four sections. See below.

Email Address

Email

Current Physical Address

Address Line1 *

Address Line2

City *

State * AK ▾

Zip Code *

Date That You Moved to Your Current Address

Month * Jan ▾

Year *

2. The first section, the Email address, is optional.

Mailing Address

Same as physical address? * Yes No

Address Line1 *

Address Line2

City *

State *

Zip Code *

Country *

Previous Addresses
(List city and state of places lived in the past 10 years)

Country	City	State	From	To	
<input type="text" value="United States of America"/>	<input type="text"/>	<input type="text" value="AK"/>	Month: <input type="text" value="Jan"/> Year: <input type="text"/>	Month: <input type="text" value="Jan"/> Year: <input type="text"/>	<input type="button" value="Add"/>

3. The second section is the physical address. Enter the individual's information in the same manner as noted in the sample below.

Note: Required fields are marked with an asterisk (*)

Current Physical Address

Address Line1 *

Address Line2

City *

State *

Zip Code *

Date That You Moved to Your Current Address

Month *

Year *


4. The third section is for the mailing address.
- You will see that the database asks the question if the physical and mailing addresses are the same if so click the "Yes" radio button.

Mailing Address

Same as physical address? * Yes No

- If the addresses are not the same click "No" and enter the mailing address information.

Mailing Address

Same as physical address? * Yes No 

Address Line1 *

Address Line2

City *

State *

Zip Code *

Country *

5. The last section is the 10 Year Residential History. Please pay close attention to the following:
- The database looks for consecutive months when tracking the history so your stop and start months should be different.
 - Example, if you lived in Seattle from January 2000 until July 2005, the next entry should start in August, the next consecutive month.
 - Additionally, the computer counts the month and year of the current physical address so do not duplicate those dates.

Previous Adresses
(List city and state of places lived in the past 10 years)

Country	City	State	From	To	
United States of America	Seattle	WA	Jan 2004	Jul 2005	Update Delete
United States of America	Portland	OR	Mar 2002	Dec 2003	Update Delete
United States of America	Los Angeles	AK	Jan 1999	Feb 2002	Update Delete
<input type="text" value="United States of America"/>	<input type="text"/>	<input type="text" value="AK"/>	Month: <input type="text" value="Jan"/> Year: <input type="text"/>	Month: <input type="text" value="Jan"/> Year: <input type="text"/>	Add



6. When done, Click the "Continue" Button

D. Additional Information.

Alaska Background Check System

Demographics

Address Info

Additional Info

Position

Affidavit

Review

Additional Information: Applicant: Test, Eugene

Page 3 of 6

Note: Required fields are marked with an asterisk (*)

1. This section only has two sections, Physical Appearance and Place of Birth.

Physical Appearance

Height feet inches

Weight (lbs)

Hair Color

Eye Color

Race

Citizenship

Place of Birth

Country *

City *

State/Province

2. Note that the "Physical Appearances" fields are not mandatory. However, if you have the information please fill in the data.
3. The "Place of Birth" is mandatory.

Place of Birth

Country *

City *

State/Province



4. Use the "Drop Down" menus to select the Country and City of birth.
 - Please note that the State/Province block will not always be accessible since some countries do not list a State or Province.
 - You should be able to select a State/Province if the applicant was born in the US, Canada, or Mexico.
5. When done click the "Continue" Button

~ 10 ~

E. Position.

Alaska Background Check System

Demographics Address Info Additional Info **Position** Affidavit Review

Position: Applicant: h, h

Page 4 of 6

Enter information about the position(s) that are being applied for:

Note: At least one position is required for the application

Facility Contact Information

Facility	Rich Grayson Test Facility
DHSS ID	RIC02830800001
Company	Rich Grayson Test Facility
Address	123 Fake Facility St Wasilla, AK 99654
Primary Contact	Mark Jarvey
Email	mark.jarvey@alaska.gov
Phone Number	(907) 269-3485
Fax Number	907.269.3488

Positions Applying For

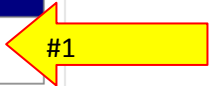
State Program	Position Title	Position Status	
OCS - Foster Homes			Add

Continue..

1. For each facility the State Program, Position Title and Position Status will vary based on the programs that are available for your individual facility.
 - a. Use the drop down menus and select the correct State Program (if you have multiple programs), Position Title, and Position Status.

Positions Applying For

State Program	Position Title	Position Status	
OCS - Foster Homes	Foster Parent	Resident	Add



Continue..

2. On this page after you make the selections for the position and title remember to click the "Add" button. See Yellow Arrow #1
3. When Complete click the "Continue" button.

F. Affidavit.

1. There is nothing to fill out in this section; however, there is a link to access a Release of Information form if you did not access the form from the initial logon menu, or if you do not already have copies available.

Alaska Background Check System

Demographics

Address Info

Additional Info

Position

Affidavit

Review

Affidavit:

Page 5 of 6

The facility submitting the application must print the affidavit for release of information for the employee to sign, or provide the employee with the link to do so.

You can download the affidavit for release of information from our website: [Affidavit for Release of Information](#).

Save the document that appears; print out the document; have the employee sign it, and fax or mail the form to:

Mailing Address

State of Alaska
Dept of Health & Social Services
Division of Public Health
Background Check Unit
619 E. Ship Creek Ave., Ste. 232
Anchorage, AK 99501
Fax (907) 269-3488

Continue..

2. You may use the links on this page or simply click on the “Continue” button.

G. Review

1. In this section you can look at all of the data you entered for the applicant and confirm that it is correct.
2. If any of the data is not correct, you simply click on the box that has the word “Change” in it and you will go back to the section you are attempting to change.
3. If this is required you will have to go through each of the remaining tabs to get back to the review page.
4. The sections are broken down into the same areas as you filled out the application.

Alaska Background Check Program

State of Alaska > Health & Social Services > Public Health > Certification & Licensing > Background Check

Alaska Background Check System

Demographics Address Info Additional Info Position Affidavit **Review**

Application Review: Applicant: Test, Eugene

Page 6 of 6

Please review application information before saving

Applicant Name

Last Name Test
 First Name Eugene
 Middle Name
 Name Suffix

Change

Identification

Social Security Number 017-65-5443
 Driver's License Number
 State AB

Change

Demographics

Gender Male
 Date of Birth 5/11/1955
 Birth City AF
 Birth State
 Birth Country Bhutan
 Country of Citizenship
 Height 0ft 0in
 Weight(lbs) 0
 Hair Color
 Eye Color
 Race

Change

Other Names

Change

Phone Numbers

Change

Email

Email

Change

Physical Address

Address Line 1 124 rt
 Address Line 2
 City anchorage
 State AK
 Zip 99504

Change

Date That You Moved to Your Current Address

Month Jan
 Year 1990

Mailing Address

Address Line 1 124 rt
 Address Line 2
 City anchorage
 State AK
 Zip 99504

Change

Previous Addresses

Change

Positions Applying For

Provider	State Prog	Position	Status
Rich Grayson Test Facility	OCS - Foster Homes	Foster Parent	Resident

Change

Submit Application

- If you have no changes to make, click the submit button to send the application to the Background Check Program.
- After you have sent the application to the BCP, you will receive a "Confirmation Page."

State of Alaska Health & Social Services Public Notices myAlaska Health & Social Services Search

Alaska Background Check Program

State of Alaska > Health & Social Services > Public Health > Certification & Licensing > Background Check

ABCS Application Confirmation

Main Menu

The application was submitted successfully.
Please print and retain your application number for future use.

Payments Required

Application Fee	\$25.00
Fingerprint Fee	N/A
Total	\$25.00

Documents Required

Release of Information	Yes
Fingerprints	No

Application

Number	15734671
Date	Wednesday, April 13, 2011 7:19 AM

Applicant Name

Last Name	Qtest
First Name	Eugene
Middle Name	
Name Suffix	

Identification

Social Security Number	017655443
Driver's License Number	12121212
State	GU

Email

Email	
-------	--

Other Names

--	--

Physical Address

Address Line 1	501 Ridge Road
Address Line 2	
City	Anchorage
State	AK
Zip	99505

Date That You Moved to Your Current Address

Month	8
Year	2006

Demographics

Gender	M
Date of Birth	5/11/1955
Birth City	Oakland
Birth State	CA
Birth Country	US
Country of Citizenship	US
Height	5ft 69in
Weight(lbs)	185
Hair Color	BRO
Eye Color	BRO
Race	W

Phone Numbers

--	--

Mailing Address

Address Line 1	PO Box 000000
Address Line 2	
City	Anchorage
State	AK
Zip	99523

Previous Addresses

City	State	From Month	From Year	To Month	To Year
Seattle	WA	February	2005	July	2006
Portland	OR	September	2003	January	2005
Berkley	AK	January	1998	August	2003

Positions Applied For

State Program	Position	Position Type
DBH - Case Management	Other	Employee

Alaska Pioneer Homes | Behavioral Health | Boards and Councils
Finance and Management Services | Health Care Services | Juvenile Justice | Office of Children's Services
Public Assistance | Public Health | Seniors and Disabilities Services
H&SS Public Notices | Site Search | Links for staff | Webmaster | H&SS Contacts

7. The confirmation page has specific information that you need to be aware of.
- This page provides you information on documents and fees that must be sent to the BCP.
 - On the left side in the “Application” block you will see the applicant’s case number. In this case the number is 15734671. This is the number to be put onto the Release of Information form prior to sending it to the BCP.
 - On right side of the form you will see two blocks that indicate “Payments” and “Documents.”
8. Every application requires the Release of information to be submitted to the BCP. Additionally, each applicant is required to submit a set of fingerprint cards if fingerprints are not already on file with the BCP.
- If the applicant already has a set of fingerprint cards in the system through the BCP the applicant as not required to send in another set.
 - You can see this in the example above where in the “Documents Required” block it indicates a “No” for fingerprints (See red arrow).

The application was submitted successfully.
Please print and retain your application number for future use.

Application	
Number	15734671
Date	Wednesday, April 13, 2011 7:19 AM

Payments Required	
Application Fee	\$25.00
Fingerprint Fee	N/A
Total	\$25.00

Documents Required	
Release of Information	Yes
Fingerprints	No




- c. Otherwise the block will indicate a “Yes.” (see red arrow)

The application was submitted successfully.
Please print and retain your application number for future use.

Application	
Number	15734670
Date	Wednesday, April 13, 2011 7:04 AM

Payments Required	
Application Fee	\$25.00
Fingerprint Fee	\$54.25
Total	\$79.25

Documents Required	
Release of Information	Yes
Fingerprints	Yes



- d. Also every application requires an application fee of \$25 dollars as indicated by the "Payments Required" block. As discussed in the previous paragraph, the fingerprints would require an additional payment of \$54.25 dollars if the fingerprints are required and the total would be \$79.25 dollars.

The application was submitted successfully.
Please print and retain your application number for future use.

Payments Required	
Application Fee	\$25.00
Fingerprint Fee	\$54.25
Total	\$79.25

Application	
Number	15734670
Date	Wednesday, April 13, 2011 7:04 AM

Documents Required	
Release of Information	Yes
Fingerprints	Yes

9. Lastly, in the top section of the confirmation page there is a link to go back to the main menu, by simply clicking the main menu button (See yellow arrow). This takes you back to the start where you would put in the next application.

ABCS Application Confirmation

[Main Menu](#) 

The application was submitted successfully.
Please print and retain your application number for future use.

Payments Required	
Application Fee	\$25.00
Fingerprint Fee	N/A
Total	\$25.00

Application	
Number	15731968
Date	Friday, February 25, 2011 12:37 PM

Documents Required	
Release of Information	Yes
Fingerprints	No