

STATE OF NEVADA

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Director



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Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

727 Fairview Dr., Suite E, Carson City, NV 89701

Telephone: 775-684-1030, Fax: 775-684-1073

www.health.nv.gov

DATE: February 3, 2014

TO: All Division of Public and Behavioral Health licensed facilities that are required to background check employees and independent contractors in accordance with NRS 449.123

REGARDING: Background Check Website Mandatory Training – Northern Nevada

Nevada Revised Statutes (NRS) 449.123 requires that within 10 days after hiring an employee, accepting an employee of a temporary employment service or entering into a contract with an independent contractor a facility shall screen the individual using the Nevada Automated Background Check System (NABS) and enter into the website information to be maintained on the website concerning the employee, employee of the temporary employment service or independent contractor.

You must have at least one individual who will be processing background checks for your facility trained on the use of the website prior to the Division of Public and Behavioral Health allowing your facility access to the website. You can send more individuals but at least one is required. This person can then train others at your facility. At least one person at your facility must be designated at the website administrator. This person will have the ability to provide access to other employees at your facility. If you are not able to send an individual to one of these training sessions, webinars will be set up in the future. Please indicate below if your facility will be attending in person or via webinar by completing the in-person training section or the webinar training section as applicable:

IN-PERSON TRAINING:

TRAINING LOCATION: 4150 Technology Way, Suite 303 (Third Floor), Carson City, NV 89706

Please list the names of individuals that will be attending the training and note which training session they will be attending below. Please indicate if that person will be your facility's website administrator. Each session below is the same training one is just in the morning and one is in the afternoon.

FACILITY NAME: _____

Name of first person attending: _____ Website Administrator: Yes ☐ No ☐

Check session above person will be attending (check only one):

- ☐ March 10, 2014: 8:30 AM to 12:00 PM; or
☐ March 10, 2014: 1:00 PM to 4:30 PM

- ☐ March 11, 2014: 8:30 AM to 12:00 PM; or
☐ March 11, 2014: 1:00 PM to 4:30 PM

- ☐ March 12, 2014: 8:30 AM to 12:00 PM; or
☐ March 12, 2014: 1:00 PM to 4:30 PM

Name of second person attending: _____ Website Administrator: Yes ☐ No ☐

Check session above person will be attending (*check only one*):

☐ March 10, 2014: 8:30 AM to 12:00 PM; or

☐ March 10, 2014: 1:00 PM to 4:30 PM

☐ March 11, 2014: 8:30 AM to 12:00 PM; or

☐ March 11, 2014: 1:00 PM to 4:30 PM

☐ March 12, 2014: 8:30 AM to 12:00 PM; or

☐ March 12, 2014: 1:00 PM to 4:30 PM

Name of third person attending: _____ Website Administrator: Yes ☐ No ☐

Check session above person will be attending (*check only one*):

☐ March 10, 2014: 8:30 AM to 12:00 PM; or

☐ March 10, 2014: 1:00 PM to 4:30 PM

☐ March 11, 2014: 8:30 AM to 12:00 PM; or

☐ March 11, 2014: 1:00 PM to 4:30 PM

☐ March 12, 2014: 8:30 AM to 12:00 PM; or

☐ March 12, 2014: 1:00 PM to 4:30 PM

WEBINAR TRAINING:

☐ Our facility will be attending via webinar at a future date.

Please list the name of the website administrator and his or her contact information.

FACILITY NAME: _____

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

Submission Instructions

PLEASE SUBMIT FORM BY FEBRUARY 14, 2014

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