

Applicant Initiated Process

NMDOH 3/25/2024

The Applicant Initiated site empowers the applicant to enter/maintain their personal information and begin their application. This streamlines the process reducing missing and inaccurate information as well as repeated communications between the applicant and providers, sometimes including communicating PII in non secure formats.

Additionally, this site offers applicants access to document management with the functionality to upload documents related to their applications along with the capability to view/download documents provided by the state eliminating the need to send letters by certified mail.

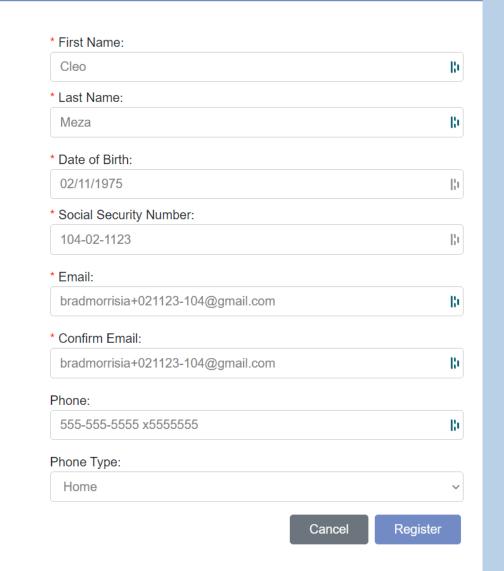


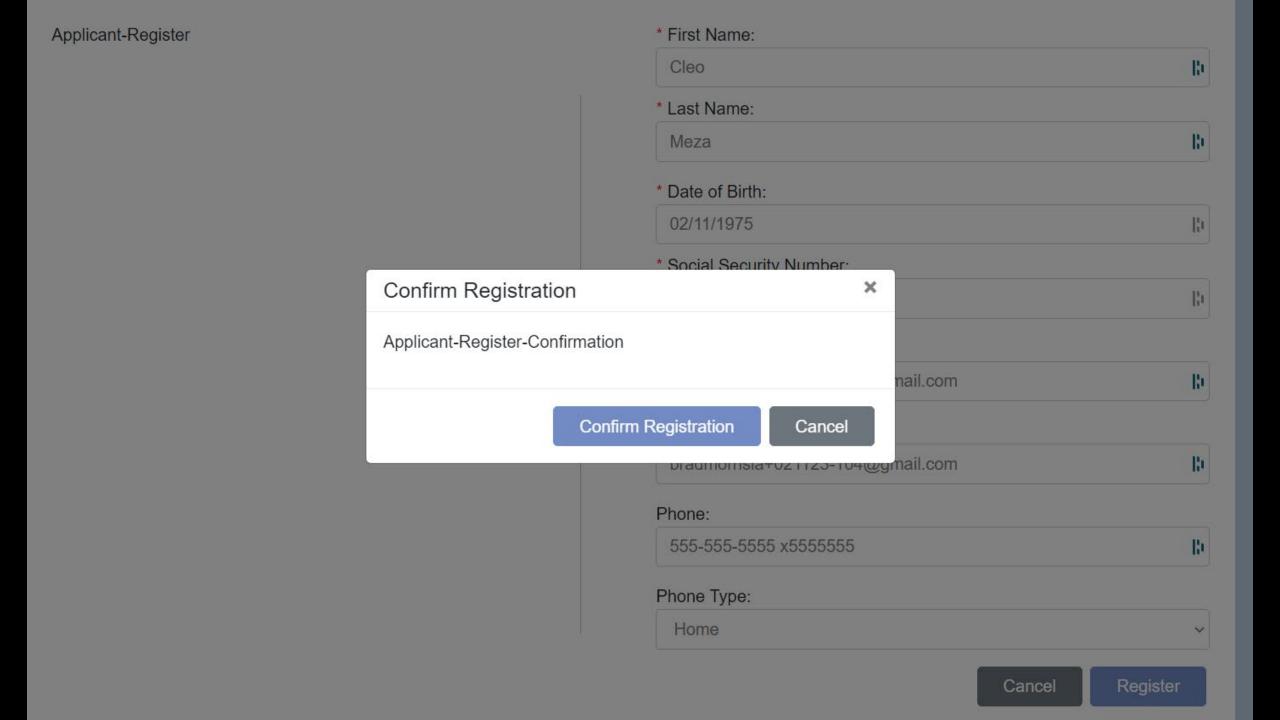
Login * Required Effective 03/01/2016: to make sure you have best experience possible, * UserName / Email Address: the NMDOH system will support only the most up-to-date version of the following internet browsers: o Mozilla Firefox * Password: o Internet Explorer lb. o Google Chrome Forgot Password / Unlock Login o Safari - OR — Using an older or unsupported internet browser may lead to web pages Register as a new user within the NMDOH system to not function as intended. Please ensure you are using the most up-to-date version of your internet browser.



Register As New User

Applicant-Register



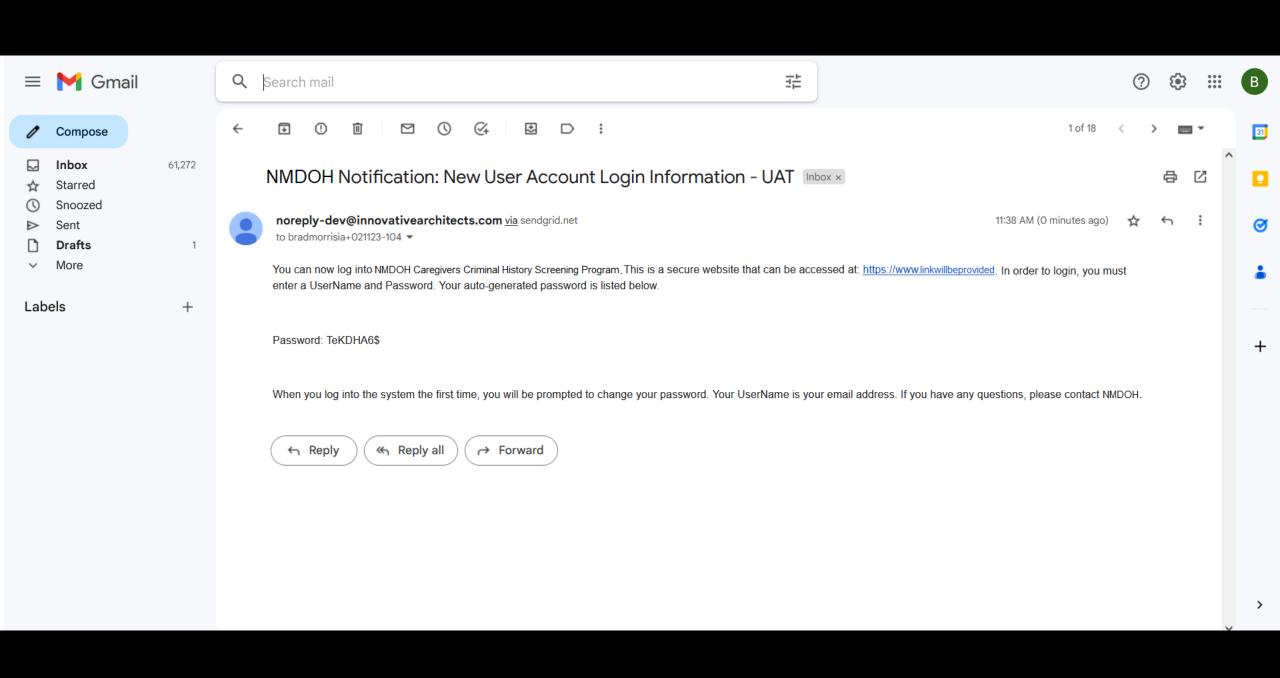




Registration Confirmed

bradmorrisia+021123-104@gmail.com is now Registered.

Back to Login page





Home	Applic	ations	Determina	ations	Appeals	Employees	Search	Repor	ts Reference	Admin		
<u>View Notifi</u>	<u>cations</u>	Manage N	Votifications	Search	Email Address	Mass Emails						
Notifica	ations											
Filter Cr	iteria—											
Emai	il To:			Deter	rmination Id:							
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Subje	ect:			Appli	cation Id:							
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02/1	11/2023											
Creat	ted On To:											
Sea	arch											
Results												
F 11 T-				\					2	0t Dt	M	0 -4:
Email To			3	Subject					Created On	Sent Date	Message	Action
bradmorr	risia+0211	23-104@gn	nail.com	MDOH No	tification: New Us	er Account Login I	Information - UA	T	02/11/2023 9:37:37 am	02/11/2023 9:38:02 am		
1 Tota	l Results											

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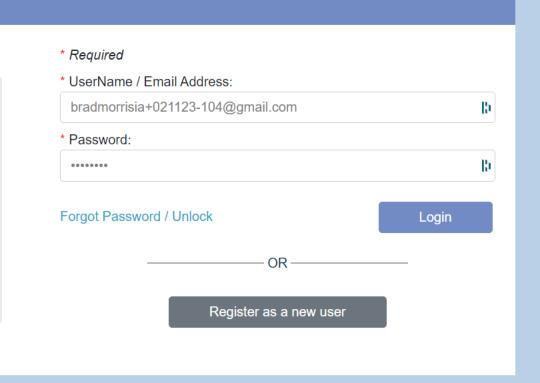


Login

Effective 03/01/2016: to make sure you have best experience possible, the NMDOH system will support only the most up-to-date version of the following internet browsers:

- o Mozilla Firefox
- o Internet Explorer
- o Google Chrome
- o Safari

Using an older or unsupported internet browser may lead to web pages within the NMDOH system to not function as intended. Please ensure you are using the most up-to-date version of your internet browser.

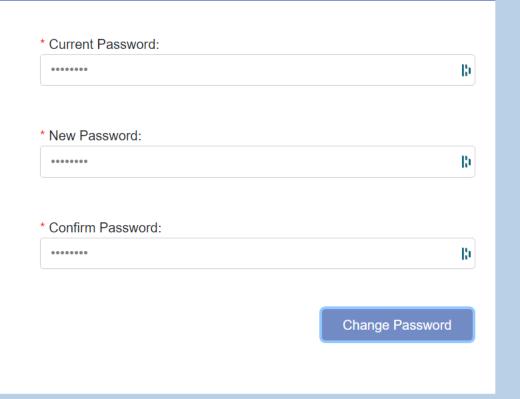




Change Password

Password Rules

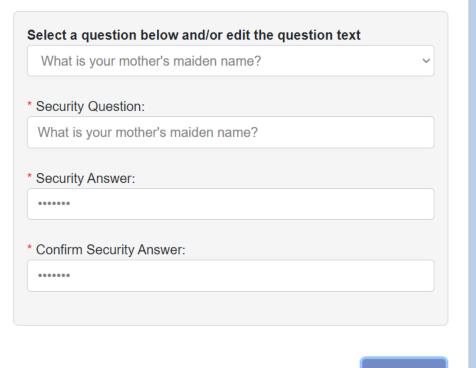
- Must be 8 16 characters.
- One or more uppercase letters.
- One or more lowercase letters.
- One or more numbers.
- One or more special characters.
- Cannot reuse prior passwords.





Security Question

Applicant-SecurityQuestions



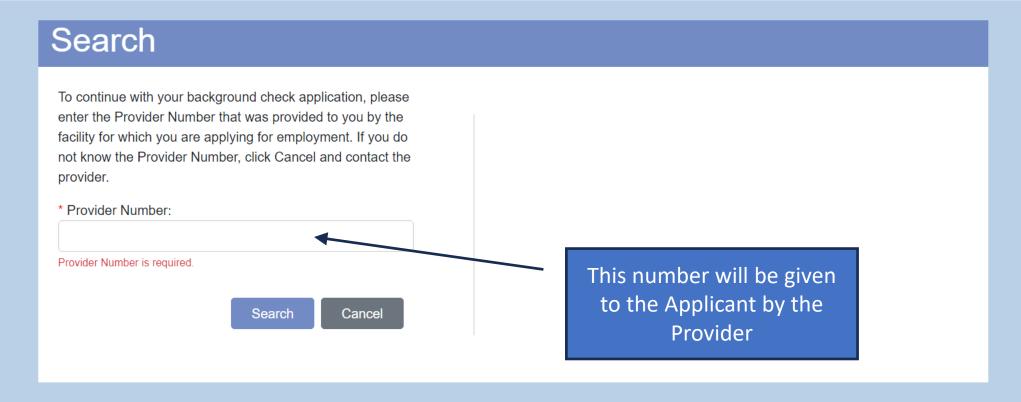
Submit

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	Your Security Questions have been updated.	
Home		
		Create Application





User Accounts Password Maintenance Manage Emails Manage File Watch Templates Log Data Log Task Schedule Task Items Roles <u>Settings</u> Fingerprint Update System Site Data Caching Administration: Settings -Filter Options-Category: ~ Text: PropertyDisplay(ProviderInformation.Pi Value: Search -Config Search Results-Setting Description Value Modified Modified Comment Actions Ву On PropertyDisplay(ProviderInformation.ProviderCodeForPaymentByApplicant) Specifies whether the Provider Code For Payment By Applicant value is shown when adding/viewing/editing a Provider, and what the field label should be. Set to Edit :hidden Admin 06/14/2017 ":hidden" to hide this item on the filter. PropertyDisplay(ProviderInformation.ProviderCodeForPaymentByProvider) Specifies whether the Provider Code For Payment By Provider value is shown when adding/viewing/editing a Provider, and what the field label should be. Set to :hidden Admin 06/14/2017 ":hidden" to hide this item on the filter. 2 Total Results

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Home Applications Determination	ons Appeals	Employees	Search	Reports	Reference	Admin		
Provider								
Provider Information Additional Con	ntacts							
Required								
Status: Enabled * Name: DHHS - Office of Licensing * State Provider ID: LICDACS * Provider Type: DHHS Internal Employees License #: Provider Billing Number:	Technician: Licensor: Provider Contact I First Name: Last Name: Contact Type:	v Information	Address L 195 Nortl Address L City: Albuquel County: Bernalillo State:	n 1950 West ne 2:	V			
Can Hire Volunteers: Yes Status Description:	Email: Phone:	•		address is san	ne as Physical add	ress		
Payment By Provider Code: DHHSPBPC Facility License Expiration Date: Closed Date:			195 North	dress Line 1: n 1950 West dress Line 2:				
			Salt Lake Mailing Co Salt Lake Mailing St Utah Mailing ZI 84116	unty:	v			
View Change History			U .44V			Back	to Provider Search Save	е

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To continue with your background check application, please enter the Provider Number that was provided to you by the facility for which you are applying for employment. If you do not know the Provider Number, click Cancel and contact the provider. * Provider Number: DHHSPBPC Search Cancel



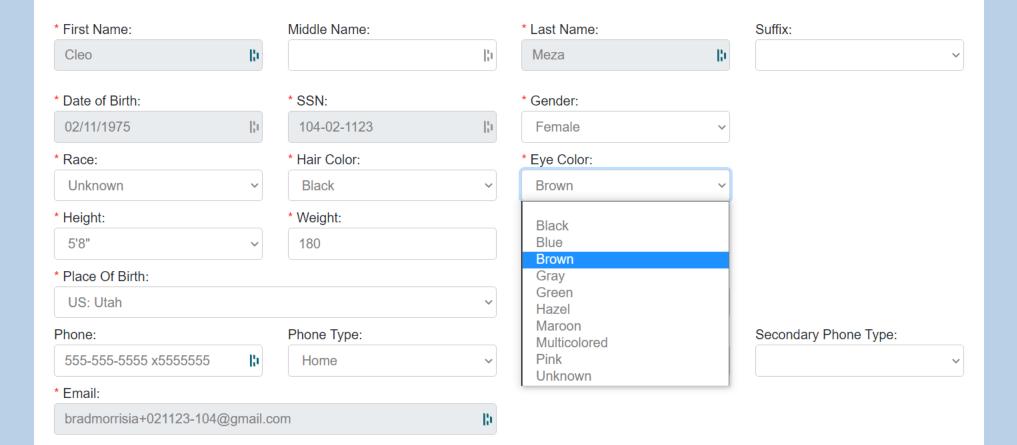
To continue with your background check application, please enter the Provider Number that was provided to you by the facility for which you are applying for employment. If you do not know the Provider Number, click Cancel and contact the provider. Provider Number: DHHSPBPC Provider: DHHS - Office of Licensing Cancel Continue Application Cancel Continue Application



Profile

First Name:		Middle Name:		* Last Name:		Suffix:	
Cleo	B		þ	Meza	B		~
Date of Birth:		* SSN:		* Gender:			
02/11/1975	- B	104-02-1123	Bi		~		
Race:		* Hair Color:		* Eye Color:			
	~]		~		~		
Height:		* Weight:					
	~						
Place Of Birth:				US Citizen:			
			~		~		
Phone:		Phone Type:		Secondary Phone:		Secondary Phone Type:	
555-555-5555 x5555555	В	Home	~		В		~
Email:							
bradmorrisia+021123-104@	gmail.c	om	10				

Profile



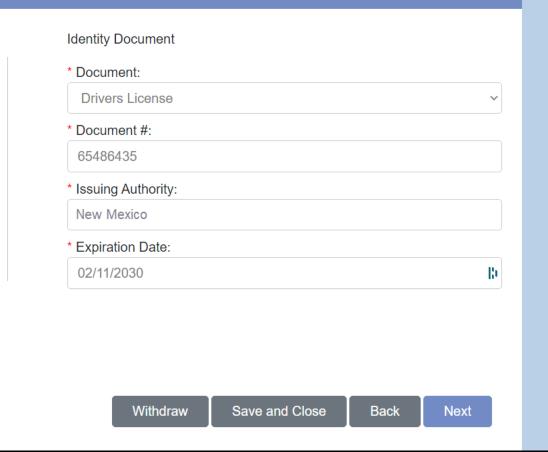


Verify Identity

* Docum	nent #:		
* Issuing	g Authority:		
* Expira	tion Date:		



Verify Identity



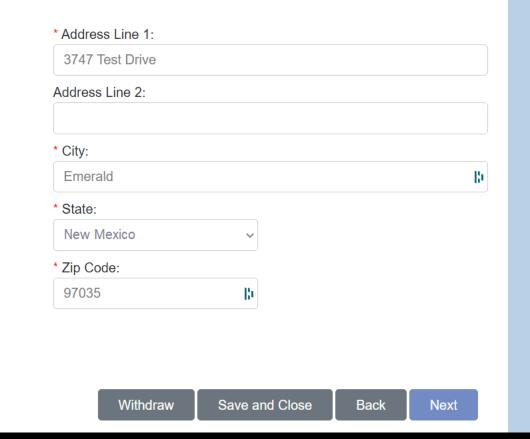


Physical Address

* City:				
* State:				
New N	/lexico	~		
* Zip Co	ode:			
		þ		



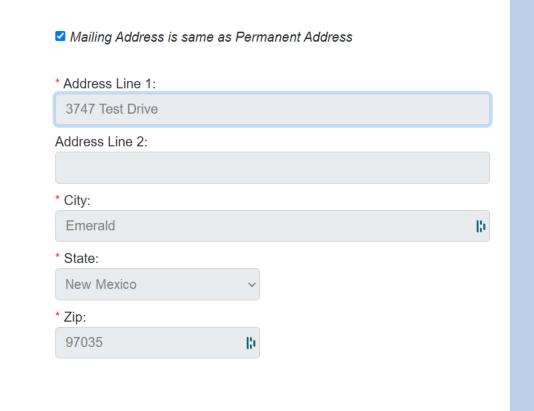
Physical Address





Mailing Address

Applicant-MailingAddress





This individual does not have any aliases entered.

Add Alias

NEW MEXICO DEPARTMENT OF HEALTH Cleo Meza, 104-02-1123, 2/11/1975 There are no aliases Current Fitness Determination: Application Needs to be Submitted Current Employment Status: Not Employed Merge Person Add New Application Case Notes Profile Person created by bradmorrisia+021123-104@gmail.com on 2/11/2023 Personal and Demographic Information First Name: XXX-XX -1123 This is an ITIN: No Middle Name: Confirm SSN: XXX-XX-1123 Last Name: Date of Birth: Meza 2/11/1975 Suffix: Race: Unknown Permanent/Physical Address Country: Female United States Eye Color: Address Line 1: 3747 Test Drive Hair Color: Address Line 2: Black Height: 5'8" Weight: 180 Zip Code: US Citizen: 97035 Yes Place Of Birth: US: Utah **Mailing Address** Phone: Same as Permanent Address: No 555-555-5555 x5555555 Phone Type: United States Address Line 1: Secondary Phone: Address Line 2: Secondary Phone Type: City: * Email: 🚱 State: bradmorrisia+021123-104@gmail.com Utah Zip Code: Edit History of Changes Aliases/Prior Names (Includes all names by which an applicant is Prior Addresses within the last 5 years currently known or has been identified as) This individual does not have any prior addresses entered.

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Add Prior Address



Home Applications

Determinations

Appeals Affiliates

<u>Search</u>

Reports

Reference

Admin

Person Summary

Cleo Meza, 104-02-1123, 2/11/1975

There are no aliases

Current Fitness Determination: Application Needs to be Submitted

Current Employment Status: Not Employed

Merge Person

Add New Application

Case Notes

Profile

Applications

Appeals

Employment

Documents

Disclosure Summary

History

Background Check #: 127785 (Fingerprint Based)

Process Started	Determination Status	Status Date	Fingerprints Taken	Lion Migration ID	Determination Expiration Date	Appeal Date	Actions
2/11/2023	Not Yet Requested - 2/11/2023	2/11/2023					Notes (0) Upload Document Move Determination Set Not Connectable Add Certified Mail Info

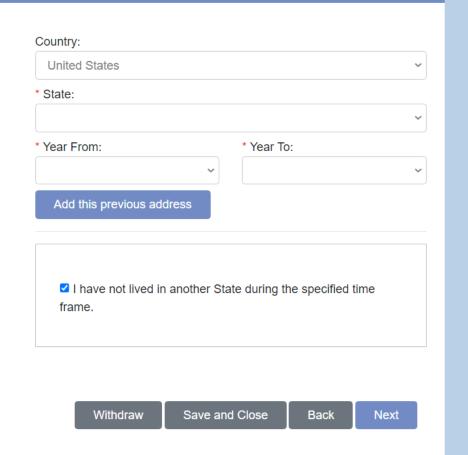
Applications Associated with this Background Check

Application # -	Application Status	Provider	Request Type	Position	License Type - #	Documents	Actions
Туре							
33609	Not Yet Submitted	DHHS - Office of Licensing	DHHS Internal Employees				Notes (0) Upload Document Edit Application Identity



Prior Addresses

If you have lived in a different state in the last 10 years, please enter that information here.

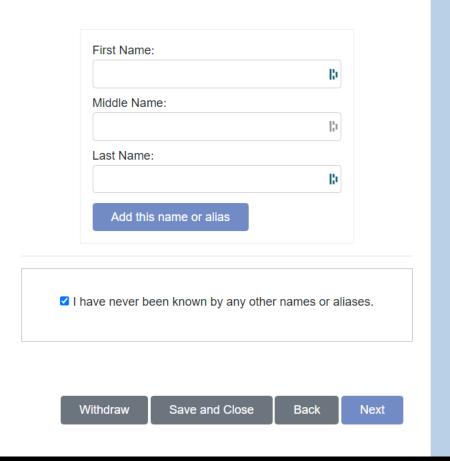


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Prior Names and Aliases

If you have used a different name in the past, such as a maiden name, please enter it here.



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Release of Information

This is example Release of Information text solely for the purposes of this PowerPoint slide deck:

This is to certify that an authorized agency representative has inspected the applicant's social security card and passport or state driver license or state Identification card (issued by the Driver License Division) and they do not appear to be forged or altered. The contents of this form were inspected and do not appear to contain falsifications or misrepresentations. **State/Department** is released from any damages resulting from disclosing information to authorized agencies. This form and its contents shall not be disclosed or disseminated except as authorized by **State** or Federal Law.

Withdraw

Save and Close

Back

Next



Disclosure

Example Survey Disclosure Consent Question from Utah Please fully read and understand this disclosure and the linked FBI RapBack Consent and Privacy Statement before proceeding with this background screening application. Background Clearance Disclosure

Selecting "Yes" for myself below acts as my electronic signature and means that I authorize the Utah Department of Health and Human Services (DHHS) Office of Background Processing (OBP) to investigate my past and present child abuse, neglect and exploitation records, law enforcement, driver license and any other information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122 and Administrative Rule R501-14. I authorize the Utah Department of Health and Human Services (DHHS) Office of Background Processing (OBP) to continually monitor state, regional and nationwide criminal background databases and the Management Information System in order to identify criminal, abuse, neglect, exploitation activity for as long as I am associated with DHHS-OBP licensed, contracted or certified programs. I authorize the release of information for each purpose described in Utah Code Section 53-10-108 and I release and hold harmless the Department of Health and Human Services from any damages resulting from DHHS furnishing such information as described in Utah Code Section 53-10-108. I certify that my answers contain no misrepresentations or falsifications and the information is true and complete. I have read and understand the FBI RapBack Consent and Privacy Statement located on the Utah Department of Health and Human Services (DHHS) Office of Background Processing (OBP) website (www.hslic.utah.gov). Until the completion of the background check, I understand I may be denied unsupervised access to children, vulnerable adults or to the privilege in which the background check pertains to. **{I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions.}

Selecting "Yes" for Legal Guardian Consent for Youth Background Screening (If applicable) acts as my electronic signature and means that I authorize the Utah Department of Health and Human Services (DHHS) Office of Background Processing (OBP) to investigate and continually monitor the youth provider's past and present child and adult abuse, neglect and exploitation records, law enforcement, driver license, and any information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122, and Administrative Rule 501-14.I authorize the release of all information and I release and hold harmless the Department of Health and Human Services from any damages resulting from the Department of Health and Human Services furnishing such information to authorized agencies.

Selecting "No" means that I do not agree to this background check. This will terminate the background check immediately and close the application. This will terminate any preliminary hire provisions; any supervised employment or placement will cease, if applicable.

O Yes

O No

Back

Submit





Your application has been submitted.

Home

Application In Process With Provider

Application #: 33609

: DHHS - Office of Licensing Submitted Date: 02/11/2023

Status: In Process

Create Application



Home Applications Determinations Appeals Affiliates <u>Search</u> Reports Reference Admin

Person Summary

Cleo Meza, 104-02-1123, 2/11/1975

There are no aliases

Current Fitness Determination: In Process Current Employment Status: Not Employed

Merge Person

Add New Application

Case Notes

Profile

Applications

Appeals

Employment

Documents

Disclosure Summary

History

Background Check #: 127785 (Fingerprint Based)

Process Started	Determination Status	Status Date	Fingerprints Taken	Lion Migration ID	Determination Expiration Date	Appeal Date	Actions
2/11/2023	<u>In Process</u>	2/11/2023					Notes (0) Upload Document Move Determination Set Connectable Add Certified Mail Info

Applications Associated with this Background Check

Application # - Type	Application Status	Provider	Request Type	Position	License Type - #	Documents	Actions
33609	Submitted	DHHS - Office of Licensing	DHHS Internal Employees			Disclosure Form Final Registry Results Fingerprint Form UTDHS FinalResults	Notes (0) Upload Document Modify Application Edit Application Identity

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