



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

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:

- Mozilla Firefox
- Internet Explorer
- Google Chrome
- 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.

** Required*

* UserName / Email Address:

* Password:

[Forgot Password / Unlock](#)

Login

OR

Register as a new user

Register As New User

Applicant-Register

* First Name:

Cleo

* Last Name:

Meza

* Date of Birth:

02/11/1975

* Social Security Number:

104-02-1123

* Email:

bradmorrisia+021123-104@gmail.com

* Confirm Email:

bradmorrisia+021123-104@gmail.com

Phone:

555-555-5555 x5555555

Phone Type:

Home

Cancel

Register

* First Name:

Cleo

* Last Name:

Meza

* Date of Birth:

02/11/1975

* Social Security Number:

Confirm Registration



Applicant-Register-Confirmation

Confirm Registration

Cancel

Phone:

555-555-5555 x5555555

Phone Type:

Home

Cancel

Register

Registration Confirmed

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

[Back to Login page](#)

✍️ Compose

- 📁 Inbox 61,272
- ★ Starred
- 🕒 Snoozed
- 📧 Sent
- 📄 Drafts 1
- ⌵ More

Labels +



1 of 18 < > 🗄️

NMDOH Notification: New User Account Login Information - UAT Inbox x



noreply-dev@innovativearchitects.com via sendgrid.net
to bradmorrisia+021123-104

11:38 AM (0 minutes ago) ☆ ↶ ⋮

You can now log into NMDOH Caregivers Criminal History Screening Program. This is a secure website that can be accessed at: <https://www.linkwillbeprovided>. In order to login, you must enter a UserName and Password. Your auto-generated password is listed below.

Password: TeKDHA6\$

When you log into the system the first time, you will be prompted to change your password. Your UserName is your email address. If you have any questions, please contact NMDOH.

↶ Reply
↶ Reply all
➦ Forward

- 📅 31
- 🔔
- 👤
- +

Notifications

Filter Criteria

Email To:

Determination Id:

Subject:

Application Id:

Created On From:

Created On To:

Search

Results

Email To	Subject	Created On	Sent Date	Message	Action
bradmorrisia+021123-104@gmail.com	NMDOHNotification: New User Account Login Information - UAT	02/11/2023 9:37:37 am	02/11/2023 9:38:02 am		

1 Total Results

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:

- Mozilla Firefox
- Internet Explorer
- Google Chrome
- 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.

** Required*

* UserName / Email Address:



* Password:



[Forgot Password / Unlock](#)

Login

OR

Register as a new user

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.


* Current Password:

* New Password:

* Confirm Password:

Change Password

Security Question

Applicant-SecurityQuestions

Select a question below and/or edit the question text

What is your mother's maiden name? ▾

* Security Question:

What is your mother's maiden name?

* Security Answer:

.....

* Confirm Security Answer:

.....

Submit



Your Security Questions have been updated.

Home

Create Application

Search

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:

Provider Number is required.

Search

Cancel

This number will be given
to the Applicant by the
Provider

Administration: Settings

Filter Options

Category:

Text:

Value:

[Search](#)

Config Search Results

Setting	Description	Value	Modified By	Modified On	Comment	Actions
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 ":hidden" to hide this item on the filter.	:hidden	Admin	06/14/2017		Edit
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" to hide this item on the filter.	:hidden	Admin	06/14/2017		Edit

2 Total Results

Provider

[Provider Information](#) [Additional Contacts](#)

* *Required*

Status: <input type="text" value="Enabled"/>	Technician: <input type="text"/>	Address
* Name: <input type="text" value="DHHS - Office of Licensing"/>	Licensors: <input type="text"/>	Address Line 1: <input type="text" value="195 North 1950 West"/>
* State Provider ID: <input type="text" value="LICDACS"/>	Provider Contact Information	Address Line 2: <input type="text"/>
* Provider Type: <input type="text" value="DHHS Internal Employees"/>	First Name: <input type="text"/>	City: <input type="text" value="Albuquerque"/>
License #: <input type="text"/>	Last Name: <input type="text"/>	County: <input type="text" value="Bernalillo"/>
Provider Billing Number: <input type="text"/>	Contact Type: <input type="text"/>	State: <input type="text" value="New Mexico"/>
Can Hire Volunteers: <input type="text" value="Yes"/>	Email: <input type="text"/>	ZIP: <input type="text" value="87101"/>
Status Description: <input type="text"/>	Phone: <input type="text"/>	<input type="checkbox"/> Mailing address is same as Physical address
Payment By Provider Code: <input type="text" value="DHHSPBPC"/>		Mailing Address
Facility License Expiration Date: <input type="text"/>		Mailing Address Line 1: <input type="text" value="195 North 1950 West"/>
Closed Date: <input type="text"/>		Mailing Address Line 2: <input type="text"/>
		Mailing City: <input type="text" value="Salt Lake City"/>
		Mailing County: <input type="text" value="Salt Lake"/>
		Mailing State: <input type="text" value="Utah"/>
		Mailing ZIP: <input type="text" value="84116"/>

[Back to Provider Search](#) [Save](#)

[View Change History](#)

Search

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:

Search

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:

Search

Cancel

Provider: DHHS - Office of Licensing

Cancel

Continue Application

Profile

* First Name:

Cleo

Middle Name:

* Last Name:

Meza

Suffix:

* Date of Birth:

02/11/1975

* SSN:

104-02-1123

* Gender:

* Race:

* Hair Color:

* Eye Color:

* Height:

* Weight:

* Place Of Birth:

US Citizen:

Phone:

555-555-5555 x5555555

Phone Type:

Home

Secondary Phone:

Secondary Phone Type:

* Email:

bradmorrisia+021123-104@gmail.com

Next

Profile

* First Name:

Cleo

Middle Name:

* Last Name:

Meza

Suffix:

* Date of Birth:

02/11/1975

* SSN:

104-02-1123

* Gender:

Female

* Race:

Unknown

* Hair Color:

Black

* Eye Color:

Brown

* Height:

5'8"

* Weight:

180

Black

Blue

Brown

Gray

Green

Hazel

Maroon

Multicolored

Pink

Unknown

* Place Of Birth:

US: Utah

Phone:

555-555-5555 x5555555

Phone Type:

Home

Secondary Phone Type:

* Email:

bradmorrisia+021123-104@gmail.com

Verify Identity

Identity Document

* Document:

* Document #:

* Issuing Authority:

* Expiration Date:

Withdraw

Save and Close

Back

Next

Verify Identity

Identity Document

* Document:

Drivers License

* Document #:

65486435

* Issuing Authority:

New Mexico

* Expiration Date:

02/11/2030

Withdraw

Save and Close

Back

Next

Physical Address

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

Withdraw

Save and Close

Back

Next

Physical Address

* Address Line 1:

3747 Test Drive

Address Line 2:

* City:

Emerald

* State:

New Mexico

* Zip Code:

97035

Withdraw

Save and Close

Back

Next

Mailing Address

Applicant-MailingAddress

Mailing Address is same as Permanent Address

* Address Line 1:

3747 Test Drive

Address Line 2:

* City:

Emerald

* State:

New Mexico

* Zip:

97035

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](#)

Person created by bradmorrissia+021123-104@gmail.com on 2/11/2023

Personal and Demographic Information

First Name: Cleo	SSN: XXX-XX-1123 This is an ITIN: No
Middle Name:	Confirm SSN: XXX-XX-1123
Last Name: Meza	Date of Birth: 2/11/1975
Suffix:	Race: Unknown
Permanent/Physical Address	Gender: Female
Country: United States	Eye Color: Brown
Address Line 1: 3747 Test Drive	Hair Color: Black
Address Line 2:	Height: 5'8"
City: Emerald	Weight: 180
State: Utah	US Citizen: Yes
Zip Code: 97035	Place Of Birth: US: Utah
Mailing Address	Phone: 555-555-5555 x5555555
Same as Permanent Address: No	Phone Type: Home
Country: United States	Secondary Phone:
Address Line 1:	Secondary Phone Type:
Address Line 2:	* Email: 📧
City:	bradmorrissia+021123-104@gmail.com
State: Utah	
Zip Code:	

[History of Changes](#)

[Edit](#)

Aliases/Prior Names (Includes all names by which an applicant is currently known or has been identified as)

This individual does not have any aliases entered.

[Add Alias](#)

Prior Addresses within the last 5 years

This individual does not have any prior addresses entered.

[Add Prior Address](#)

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 # - Type	Application Status	Provider	Request Type	Position	License Type - #	Documents	Actions
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.

Country:

United States ▼

* State:

▼

* Year From:

▼

* Year To:

▼

Add this previous address

I have not lived in another State during the specified time frame.

Withdraw

Save and Close

Back

Next

Prior Names and Aliases

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

First Name:

Middle Name:

Last Name:

Add this name or alias

I have never been known by any other names or aliases.

Withdraw

Save and Close

Back

Next

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

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.

- Yes
- No

[Back](#)

[Submit](#)

Example
Survey
Disclosure
Consent
Question
from Utah



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](#)

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	In Process	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