

JIM GIBBONS
Governor

MICHAEL J. WILLDEN
Director



RICHARD WHITLEY, MS
Administrator

State Health Officer

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
BUREAU OF LICENSURE AND CERTIFICATION

Request Change of DPS Account Status

If you are the administrator or owner of an Agency to Provide Personal Care Services in the Home, as of October 1, 2005 you are subject to the provisions of Nevada Revised Statutes (NRS) 449.176 through 449.188 requiring you to submit the fingerprints of each of your employees and independent contractors to the Central Repository at the Department of Public Safety (DPS) for a criminal history background check.

If you are not conducting these background checks under NRS 449, you are in statutory violation. To comply with the statute, you must establish an account with DPS. Information about setting up an account is available on the DPS website at: <http://www.nvrepository.state.nv.us/> or by telephone (775) 684-6262.

If you had previously established your account with DPS and were submitting fingerprint cards with the “Reason Fingerprinted” as **NRS 179A.210**, then you must ask DPS to change your account to **NRS 449.176**. If you do not make this change, DPS will return to you any cards you submit with the “Reason Fingerprinted” showing anything other than NRS 179A.210 and will not conduct the NRS 449 background check.

You may complete this form and return it to DPS to make this change or you may write to DPS on your own letterhead to change this information on your account.

Please change the Reason Fingerprinted on the following account

FROM: NRS 179A.210
TO: NRS 449.176

DPS Account Number (MNU on fingerprint cards)	
Name and address on your DPS account	
Signature	
Name and title of person signing for account holder	

This form may be used only to change an existing account. To apply for a new account, see <http://www.nvrepository.state.nv.us/> or telephone (775) 684-6262.

You may return this form via **fax to 775-684-6267** or via U.S. mail (refold it to use a window envelope).

Return this form to:

DEPARTMENT OF PUBLIC SAFETY
RECORDS AND TECHNOLOGY DIVISION
333 W. NYE LANE, SUITE 100
CARSON CITY, NV 89703

Questions?

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