Employer Instructions for Initiating BEAS State Registry Check

Once an Employer initiates a BEAS State Registry Check through DocuSign, the form will continue through the process as outlined below:

- > The form will automatically be delivered to the Employee email address that is entered in Step 2.
- > The employee will complete the Employee Information section of the form.
- > The form will automatically be emailed to the NH BEAS State Registry.
- > NH BEAS State Registry will complete the form.
- The completed form will automatically be delivered to the Employer and Employee email addresses that are provided in Step 2.

Employers wishing to initiate a New Hampshire BEAS State Registry Check:

- 1. Select the link to initiate the BEAS Registry Check Consent Form: <u>BEAS Registry</u> <u>check.</u>
- 2. Complete the PowerForm Signer Information

	PowerForm Signer Information		
	Please complete this information to start a BEAS State Registry Consent Form.		
	Both the employer and prospective employee will need to complete their section of the form. The form will be sent via email to the individuals entered here.		
	If the prospective employee is less than 18 years old, enter their parent or legal representative.		
	Please enter your name and email to begin the signing process.		
	Employer		
	Your Name: *		
Employer Name	Full Name		
· · / · · ·			
	Your Email: *		
Employer Email ———	Email Address		
	Please provide information for any other signers needed for this document.		
	Prospective Employee		
	Name		
	Full Name	+	Prospective Employee Name
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	Email:		Due en estive Frendevie e Frendi
	Email Address	•	Prospective Employee Email
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Select Deglii Sigilling	BEGIN SIGNING		

3. Accept the Electronic Record and Signature Disclosure and select Continue

	Please Review & Act on These Documents				DHHS		
	BEAS State Registry DCISS					Powered by DocuSign	
	Please provide information and sign where indicated.						
Click the "I	Please read the Electronic Record and Signature D I agree to use electronic records and signature	isclosiure. ei.		CONTINUE	FINISH LATER	OTHER ACTIONS +	
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ugree to use		Mailing Address:					
electronic		City/State/Zip:					
		Email denise m.towie@dhhs.nh.pov					
records and			Employee Information				
cianaturos"		Last name:	First name:	Middle Initial:			
signatures		Mailing address:	City/State/Zip:				
check box		Telephone:		Gender: Female Male			

4. Complete the Employer Information Section and Select Finish.

Please review the documents below.	FINISH LATER OTHER ACTIONS +	
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	(R\$A 161-F-49')	
	Employer Information	
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	Mailing addressCity/State/Zip:	
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	Date of Brith: Month Day. Year Last 4 Dials of Social Security #	
	Position	
	I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering,	

You will have the option to download and save a copy or print.



You have successfully initiated the NH BEAS State Registry check and no further Employer action is required.