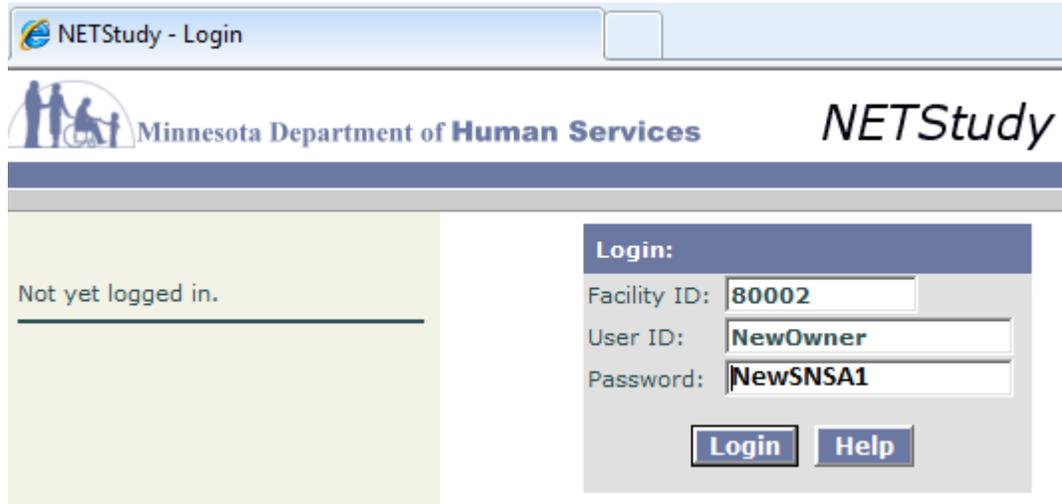


Background Studies on New Owners/Managers for Supplemental Nursing Service Agencies

1. Log into this website: <https://bgs.dhs.state.mn.us>
2. Enter the Facility ID, User ID, and password listed below in the picture:



NETStudy - Login

Minnesota Department of Human Services *NETStudy*

Not yet logged in.

Login:

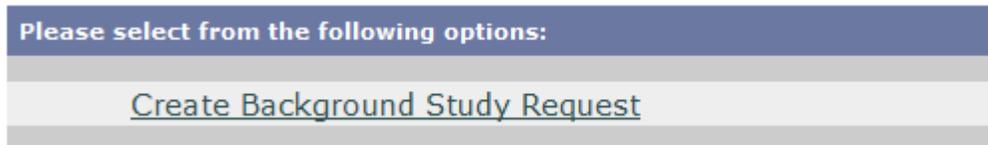
Facility ID:

User ID:

Password:

After entering the required information, click the button.

3. Click on:



Please select from the following options:

[Create Background Study Request](#)

4. Read the Privacy Notice, select the appropriate checkbox, and click the “Next Tab” button.



Privacy Notice | General Information | Address | Other Names

YOU MUST SELECT A CHECKBOX AT THE BOTTOM OF THIS PAGE TO CONFIRM THE PRIVACY NOTICE HAS BEEN RECEIVED

MINNESOTA DEPARTMENT OF HEALTH LICENSED FACILITIES
SUPPLEMENTAL NURSING SERVICES AGENCIES, EDUCATIONAL PROGRAMS, TEMPORARY EMPLOYMENT AGENCIES, PROFESSIONAL SERVICES AGENCIES

BACKGROUND STUDY PRIVACY NOTICE

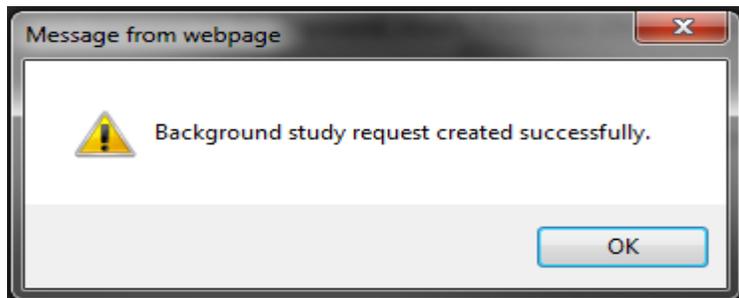
Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

CONFIRM PRIVACY NOTICE
Please select one of the checkboxes below.

I am the subject of this background study, and I confirm I have reviewed the privacy notice.

I am initiating this background study on someone else, and I confirm the privacy notice has been provided to the subject of the background study.

5. Enter in the background study information into the “General Information”, “Address” and “Other Names” tabs. Required fields: First, Middle, and Last Name, Date of Birth, Gender, MN driver’s license/MN state ID, Address, and Other Names (if any). Optional fields: Race, Social Security and Phone Number.
6. After all required information and any optional information is entered, click on the “Create Study” button in the upper right hand corner . A message box will display stating:



Important Note: If at any time during the creation of a study, the user clicks the  button, the user will be returned to the Main Menu and any information that was entered will be lost.

7. Once the Minnesota Department of Health (MDH) receives the application form an individual from MDH, Facility and Provider Compliance Division will submit your study to the Department of Human Services, Background Study Unit. MDH will track the study and process your application.

If you need information regarding submitting a background study for the owners/managers or any technical issues regarding NETStudy, please send an email to the NETStudy Administrator at DHS.NETStudyAdmin@state.mn.us.

If you need information regarding the application process, please contact MDH, Facility and Provider Compliance Division at 651-201-4101.