

Service Provider Registration Portal User Guide

- Basic Functionality and Navigation
- Individual Provider Application
- Agency Representative Application

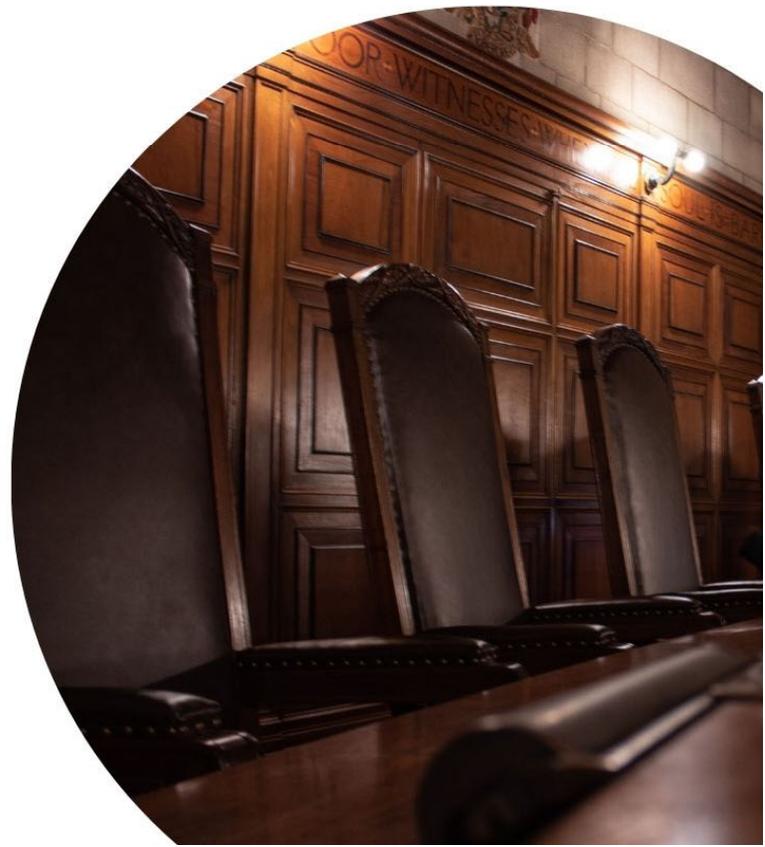


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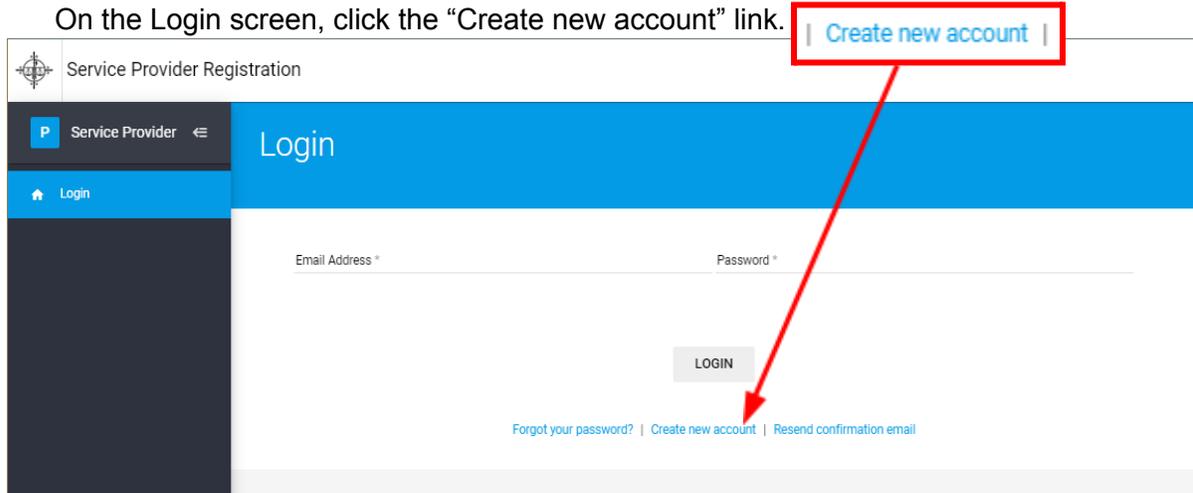
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Registration Portal Functionality and Overview

Account Creation

1. New users must create an account to begin the registration/application process. This login will be used to access applications in progress, check the status of submitted applications, and add additional applications.

On the Login screen, click the “Create new account” link.



2. The “Create new account” link will open the Sign-Up page. Enter the desired email address, first and last name of the provider, and password. For a password to be deemed acceptable, it must:
 - Be between 8-25 characters
 - Contain at least one uppercase character (A-Z)
 - Contain at least one lowercase character (a-z)
 - Contain at least one number
 - Match the original password
 - Not contain the user’s email address
 - Not contain the user’s first or last name

3. Select “Create Service Provider Registration” when ready to submit the registration.

The screenshot shows a 'Sign Up' form with a blue header. The form contains five input fields: 'Email Address *', 'First Name *', 'Last Name *', 'Password *', and 'Confirm Password *'. The 'Email Address *' field has a red error message below it: 'This field is required'. Below the input fields, there is a section for 'Password Rules' with the following text: 'Must be a minimum of 8 characters and a maximum of 25 characters', 'Must contain at least one uppercase character (A - Z)', 'Must contain at least one lowercase character (a - z)', 'Must contain at least one number', 'Confirmation password must match password', 'Must not contain the user's email address', and 'Must not contain the user's first or last name'. At the bottom of the form, there are two buttons: 'CREATE SERVICE PROVIDER REGISTRATION' (highlighted with a red box) and 'CANCEL'.

4. After the user selects the “Create Service Provider Registration” button, they will be directed to the NPACS Service Provider Password/Access Policy Statement. Users will be given the option to either accept or cancel. If “cancel” is selected, the user will be returned to the login screen and changes made in the signup portal will be lost.

Email Confirmation

5. After the new account has been created, a confirmation email will be sent to the email address provided. Follow the instructions in the email to log in to the portal and begin the registration/application process.



NPACS SERVICE PROVIDER PASSWORD/ACCESS POLICY STATEMENT

Registered Service Providers for the Nebraska Administrative Office of Courts and Probation (AOCB) have various degrees of access to the Nebraska Probation Application for Community Safety (NPACS) Service Provider System. Due to the sensitive nature of the information housed within NPACS the following policy protects passwords and access to said system.

PURPOSE

The purpose of this policy is to define account holders' responsibilities to protect their accounts and properly use their authorizations.

Responsibilities of the Individual:

Every person with access to the NPACS/Service Provider system is responsible for selecting strong passwords, keeping the passwords secure, and reporting any unauthorized use of accounts. Users must:

1. Not Share passwords related to the NPACS/Service Provider system with any other person.
2. Immediately change passwords and notify the appropriate system administrator and/or Information Security staff if there is reason to believe that a password has been improperly disclosed, accessed, or used by an unauthorized person.
3. Use information obtained from NPACS/Service Provider solely for the purposes(s) authorized by statute, other express authority, or for which access was authorized and no more.
4. Log off or use screen locking technologies that require authentication when leaving a device unattended.
5. Under no circumstances login to NPACS/Service Provider under your credentials and allow another person to utilize the system. This information is audited within the system and you may be held responsible for misuse and/or misinformation added to the system.
6. Under no circumstances post your login credentials in and around your desk for anyone to see. If you need to track passwords please use a password vault.
7. Notify the NPACS Help Desk when use of the access credentials are no longer required by the official or agency.

EXCEPTION GUIDELINES

You may provide your password to authorized personnel for reset purposes only. Authorized personnel include NPACS IT Help Desk and/or District Data Analyst personnel.

VIOLATION GUIDELINES

Should a violation of this policy occur, the individual who committed the violation shall be held personally responsible for any associated liability. Lack of knowledge of or familiarity with this policy shall not release an individual from such liability. Persons found in violation will be suspended from future access immediately.

ACCEPT

CANCEL

6. After accepting the terms of the service provider policy, the user should receive the message that account information has been saved and that a confirmation email will be sent to the email address provided in the next 15 minutes.

Success

Your account information has been saved, you will receive a confirmation email in the next 15 minutes.

OK

7. Returning users that need to reset a password can click the “Forgot your password?” link on the Login page. This link will open the Forgot Password page. Enter the email address used to create the account, click “Send Email Reset Password Link” and then follow the instructions provided in the email.

[Forgot your password?](#) | [Create new account](#) | [Resend confirmation email](#)

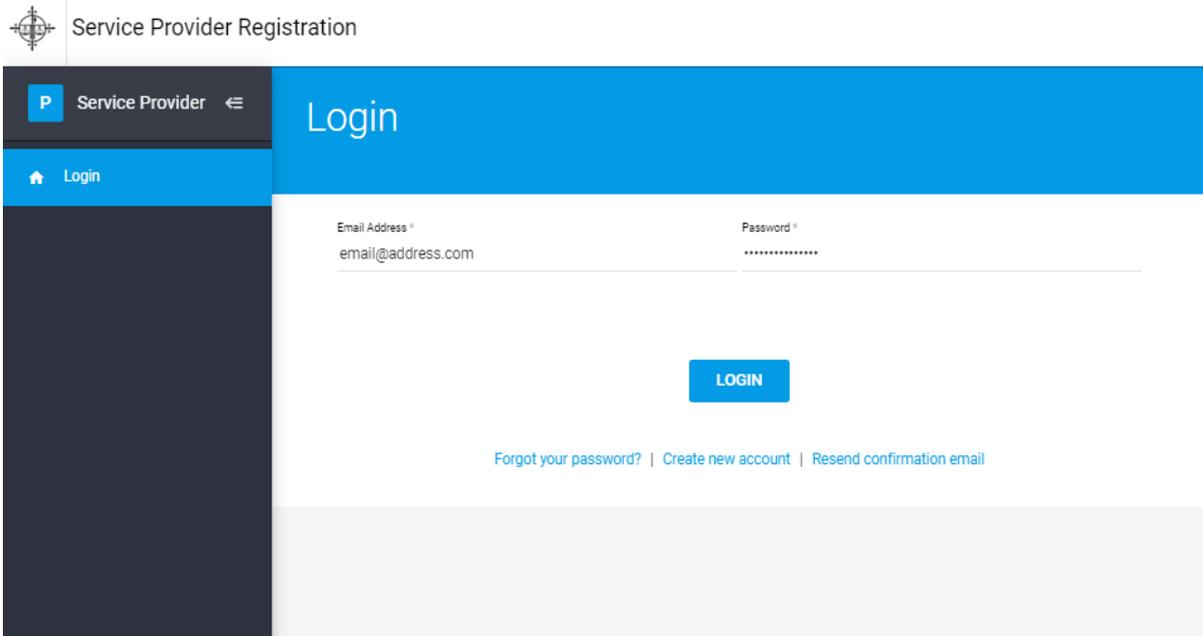
The screenshot shows the 'Forgot Password' page. At the top left, there is a logo and the text 'Service Provider Registration'. Below this is a dark sidebar with a 'P' icon and 'Service Provider' text, and a 'Login' link. The main content area has a blue header with 'Forgot Password'. Below the header is an 'Email Address *' input field. At the bottom, there are two buttons: 'SEND EMAIL RESET PASSWORD LINK' and 'CANCEL'.

8. If a new user has not received the confirmation email, or it has expired, select the “Resend confirmation email” link on the Login page. If the email is not being delivered, be sure to check the spam filter or junk folder.

[Forgot your password?](#) | [Create new account](#) | [Resend confirmation email](#)

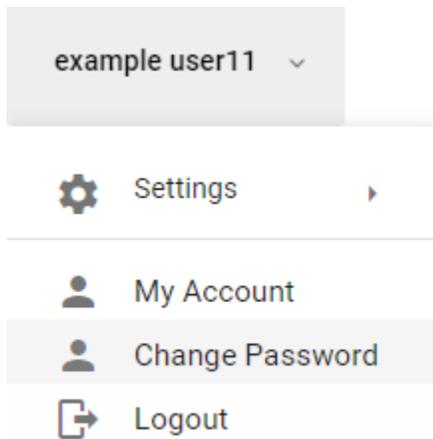
The screenshot shows the 'Resend Confirmation' page. At the top left, there is a logo and the text 'Service Provider Registration'. Below this is a dark sidebar with a 'P' icon and 'Service Provider' text, and a 'Login' link. The main content area has a blue header with 'Resend Confirmation'. Below the header is an 'Email Address *' input field. At the bottom, there are two buttons: 'RESEND CONFIRMATION EMAIL' and 'CANCEL'.

9. Log in to Service Provider Registration Portal with the username and password that were used in the registration application.



Profile Menu

10. To navigate the profile menu, select the name of the user in the top right corner of the home page. This will expand four options: Settings, My Account, Change Password, and Logout.



11. In the settings menu, the user may choose between wide and boxed layouts as well as the color palette of their choice. The color palette changes the text colors and header and sidebar colors. Users may choose between the default blue, pink, teal, or gold themes.

Layout Mode:

Boxed Wide

Color Palette:

default

pinkTheme

tealTheme

gold

12. By selecting “My Account” users may update their email address and name. If changes are made, the user must choose between either the “Update my account” or “Cancel” buttons.

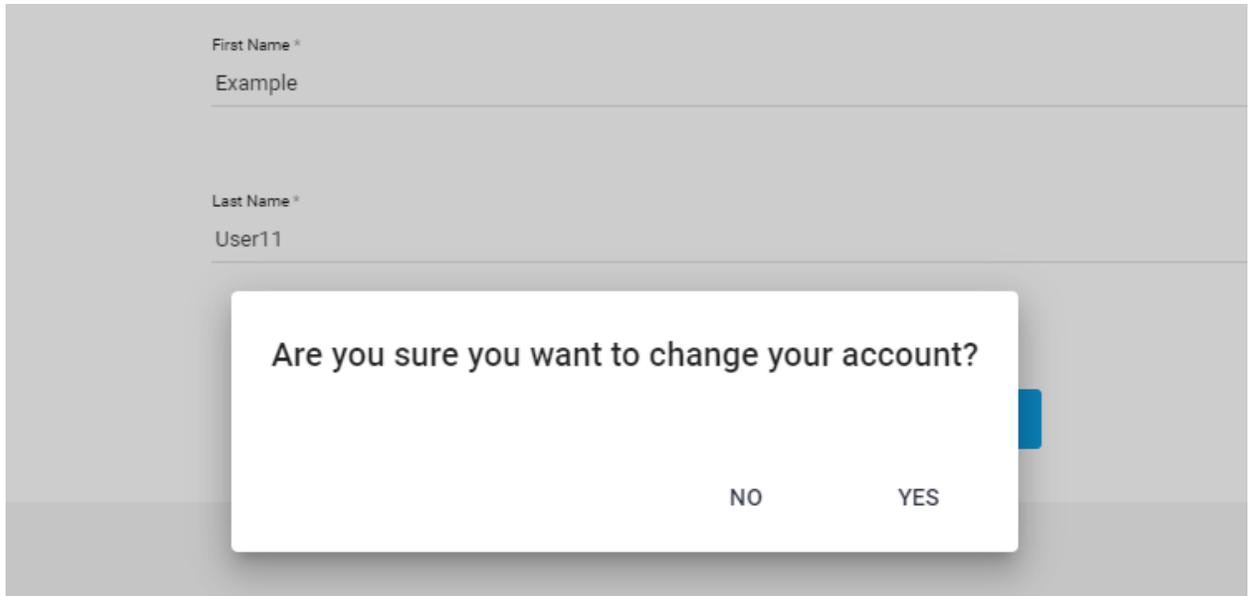
My Account

Email Address *
example11@example.com

First Name *
Example

Last Name *
User11

13. If edits are made and the user selects “Update My Account” a prompt will ask “Are you sure you want to change your account?”. Successfully updating one’s account information will be confirmed through a message stating that account information has been saved.



The image shows a user profile form with two input fields. The first field is labeled "First Name *" and contains the text "Example". The second field is labeled "Last Name *" and contains the text "User11". A white dialog box is overlaid on the form, containing the question "Are you sure you want to change your account?" and two buttons: "NO" and "YES".

Success

Your account information has been saved, if you changed your email you will receive a confirmation email in the next 15 minutes.

OK

Change/Forgot Password

14. The user is allowed to change their password at any time by using the option "Change Password". The same password rules apply as those explained in step 2 of the guide. Users will be prompted to enter the current password in addition to their new password and a confirmation of their new password.

Change Password

Changing Password for Email Address: example11@example.com

Current Password *

New Password *

Confirm New Password *

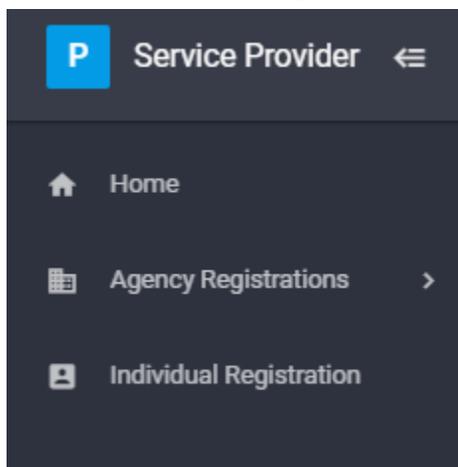
Password Rules:
 Must be a minimum of 8 characters and a maximum of 25 characters
 Must contain at least one uppercase character (A - Z)
 Must contain at least one lowercase character (a - z)
 Must contain at least one number
 Confirmation password must match password
 Must not contain the user's email address
 Must not contain the user's first or last name
 Must not match previous password

CHANGE PASSWORD
CANCEL

15. In selecting the logout option, the user will be logged out and returned to the main login screen.

Side Panel Navigation

16. The side panel contains quick links to Home, Agency Registrations, and Individual Registration pages. Select the arrow icon next to the text "Service Provider" to minimize the side panel. Hover over the minimized panel to expand it temporarily. Click the arrow icon to freeze the side panel in its expanded form.



17. Selecting the Home quick link is useful for when the user would like to return to the home screen, which provides the user a view of all individual and agency applications that have been submitted. Please note that only one individual application may be submitted per provider. However, any number of agency applications may be submitted.

Home

Individual Application

Individual will provide service(s) on behalf of an Agency or Organization with whom you are affiliated

Name	Status	Messages	Status Date	History
Taylor Birdwell	Approved		2022-07-12	Updated by TBirdwe-001 on 08/08/2022

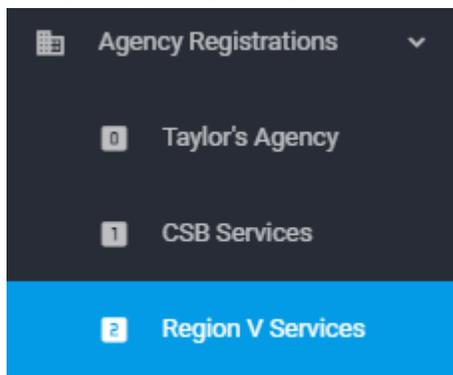
Agency Application

Register an Agency or Organization to be a Service Provider for the Administrative Office of the Courts and Probation

Name	Status	Messages	Status Date	History
Taylor's Agency	Approved		2022-07-12	Updated attestations by TBirdwe-001 on 08/09/2022
CSB Services	Approved		2022-07-14	Approved by SPadmin01 on 08/11/2022

[ADD AGENCY APPLICATION](#)

18. Selecting the Agency Registrations quick link will allow the user to access incomplete agency applications or applications that have not yet been reviewed by AOCB staff. Clicking the drop-down will allow the user to choose between agency applications. Selecting the name of a previously-submitted agency application will redirect the user to the my.ne.gov login page.



19. Selecting the Individual Registration quick link will allow the user to access an incomplete individual application or applications that have not yet been reviewed by AOCB staff. Once AOCB staff begins the review process of the application, this quick link will redirect the user to the my.ne.gov login page.

Individual Provider Application

1. To create an individual application select the “Add Individual Application” button which may be found on the homepage of the registration portal.

Service Provider Registration Example User ▾

Service Provider ←

Home

Home

Individual Registration

Individual Application

Individual will provide service(s) on behalf of an Agency or Organization with whom you are affiliated

Name	Status	Messages	Status Date	History
ADD INDIVIDUAL APPLICATION				

Agency Application

Register an Agency or Organization to be a Service Provider for the Administrative Office of the Courts and Probation

Name	Status	Messages	Status Date	History
ADD AGENCY APPLICATION				

2. As part of the individual application, there are five sections: licensure, affiliation, services, criminal and probation history, and attestation. Once all five are complete, the individual will be allowed to submit the application for review.

Service Provider Registration - Individual

LICENSURE AFFILIATION SERVICES CRIMINAL AND PROBATION HISTORY ATTESTATION

Licensure

3. When beginning the application, the provider will be asked “Are you applying as a representative of your agency, solely in a decision-making capacity (i.e Clerical staff, Administrative assistant, etc.), and not the provision of direct services?” Most individuals who are completing this application will not be an agency representative only and will want to select “no”. This question will appear under the licensure tab. If the response “No” is selected to the initial question and data are added to the fields exclusive to providers, it is possible to change the initial question response to “Yes” – However, doing

so will remove any licensing, services, and criminal/probation history data that have been entered, and this action must be confirmed before proceeding.

4. Please note that the ability to add licenses is constrained by the Administrative Office of the Courts and Probation service offering.
5. The remainder of the licensure tab contains the following required fields:
 - First Name
 - Middle Initial or N/A
 - Last Name
 - Date of Birth
 - Email - *Pre-filled with login email, changing this does not affect login. Use "My Account" in the user menu to change the user email.
 - Phone Number

At the bottom of the page, click:

- "SAVE" to save the changes and remain on this tab, or
 - "SAVE & CONTINUE" to save changes and proceed to the next tab
 - Or the tab is saved when the user switches to any other tab
6. Providers will be asked the following questions regarding licensure:
 - Do you hold a professional license?
 - If yes, the user will be required to enter license type, number, issued state, and date of expiration.
 - Do you hold any other applicable certification(s)?
 - If yes, the user will be required to enter the certification type, certification number, and date of expiration. If "other certification" is selected under certification type, the user will be asked to type the name of the certification in a free text box provided.
 - Have any of your past or current professional licenses/certifications (behavioral health or other licenses, from Nebraska or any other state) at any time ever been: denied, refused renewal, suspended or revoked, pending disciplinary investigation, disciplinary action taken, non-disciplinary action taken?
 - Users are required to answer yes or no to all the above questions.
 - Have you ever been named in a civil or criminal lawsuit involving any behavioral health services (e.g. therapy, evaluation, or supervision)?

Service Provider Registration - Individual

LICENSURE

AFFILIATION

SERVICES

CRIMINAL AND PROBATION HISTORY

ATTESTATION

Affiliation

7. Under the affiliation tab users, are given the option to affiliate with an approved agency.

To affiliate with an approved agency, click the "Add Agency"  button to show the necessary fields.

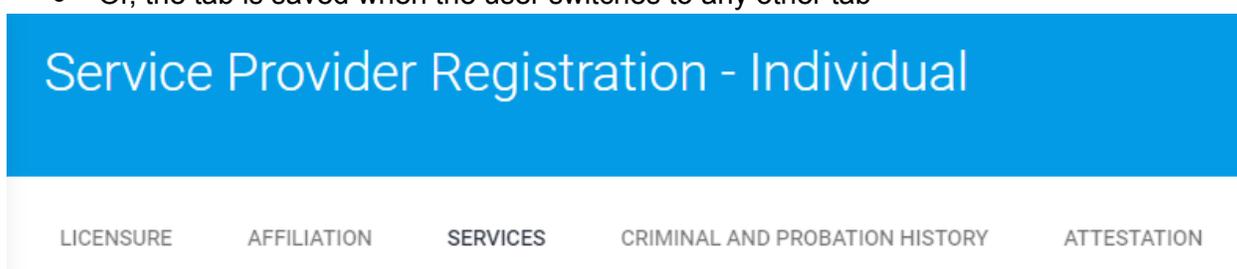
Required Fields:

- Agency Affiliation – select an agency from the approved agencies dropdown

- Email (50) – enter the email you will have at this agency
- Phone Number (10) – enter the phone number you will have at this agency
 - An extension is not required
- Phone Type –
 - Office
 - Mobile
 - Fax
- Users may select the trash can icon to delete or cancel the entry. After an agency is selected from the drop-down menu, the facility location drop-down populates with the approved facility locations for that Agency.
 - When the Agency is changed, the Facility menu options update.
- After a location is selected from the facility menu, the facility location card appears with location details and then must be added by clicking the “Add Facility” button.
- The user can continue adding additional facility locations for the agency until all available locations from the menu are used.

At the bottom of the page, click:

- “PREVIOUS” to save and go to the previous tab,
- “SAVE” to save the changes and remain on this tab, or
- “SAVE & CONTINUE” to save changes and proceed to the next tab
- Or, the tab is saved when the user switches to any other tab



Services

8. Under the services tab, providers may add their services provided at the agencies and locations with which the providers are affiliated. To begin adding services, click on an agency name to open the options available for the selected agency and location. Agencies will not appear in this step if the user did not first affiliate with the agency under the affiliation tab.
9. Once an agency has been selected, a dropdown menu will generate six yes or no questions:
 - Will you be operating in a decision-making capacity on behalf of this agency, in addition to providing a service?
 - Do you provide in-home services?
 - Do you provide services in other locations, such as Detention, Jail, Crisis Stabilization, Group Home, etc?
 - Do you provide teleservices?
 - Do you provide bilingual services?
 - Do you routinely work with interpreters to provide services?
10. If the provider answers “Yes” to questions 2, 3, and 5, they will be asked to indicate which cities to which they will travel to, in which settings they will be willing to provide services, and which languages are supported.

11. At the bottom of the services page, the provider will be able to choose which services are provided at each of the agency locations with which the provider is affiliated. The provider is required to choose available services for each agency facility location.

Agency Facility Locations

CSB SERVICES: 521 S 14TH ST., LINCOLN, NE 68508

Services provided at this location:

Available		Selected
Support Services Continuous Alcohol Monitoring (CAM) Continuous Alcohol Monitoring (CAM) v Electronic Monitoring Cell Phone Electronic Monitoring GPS Treatment Adult sex offender Polygraph Substance Use Short-Term Residential	> << <	

At the bottom of the page, click:

- “PREVIOUS” to save and go to the previous tab,
- “SAVE” to save the changes and remain on this tab, or
- “SAVE & CONTINUE” to save changes and proceed to the next tab
- Or, the tab is saved when the user switches to any other tab

Service Provider Registration - Individual

LICENSURE

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CRIMINAL AND PROBATION HISTORY

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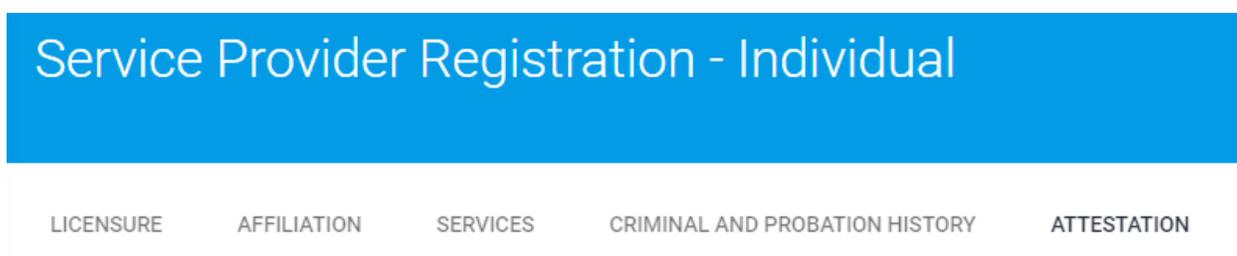
Criminal and Probation History

12. Under the Criminal and Probation History tab, providers are required to disclose criminal and probation history by responding to six yes or no questions.
- Have you ever been charged with and/or convicted of a felony? (This would include Felonies that were then pleaded down to a lesser charge)
 - Have you ever been charged with and/or convicted of a misdemeanor?
 - Have you ever served a term of supervision through Nebraska’s State Probation System, Problem-Solving Court System, or Parole System or any other entity which provides supervision based on a guilty plea or conviction in a criminal court?
 - Have you ever had a contract with the Administrative Office of the Courts and Probation terminated “for cause”?

- Have you ever been terminated or chosen to leave a position in lieu of termination, from a human services field, which is inclusive of Probation, Problem-Solving Court, Parole, or Corrections?
 - Have you ever appeared on a Registry in Nebraska, or any state, for the intent and purpose of ensuring safety and protection for the general community? This would include but is not limited to, the Nebraska Sex Offender Registry or the Nebraska Adult and Child Abuse and Neglect Central Registry.
13. Answering “Yes” to any of the results of the above questions in a required text field explaining the circumstances behind the criminal or probation history.

At the bottom of the page, click:

- “PREVIOUS” to save and go to the previous tab,
- “SAVE” to save the changes and remain on this tab, or
- “SAVE & CONTINUE” to save changes and proceed to the next tab
- Or, the tab is saved when the user switches to any other tab



Attestation

14. Under the attestation tab, service providers will be presented with a list of attestations to which they must agree prior to submitting the individual application. Providers will not be able to submit the application without first checking every attestation box and signing the application at the bottom of the attestation page. The following attestations are required:
- Password Policy – “I agree to the password and security requirements and will not allow my password to be used by any other individuals but myself”
 - Teleservices – “When using teleservices, I agree that any technology used in both originating and distance sites meets industry standards for telehealth, including HIPAA compliance. I further agree to follow all applicable federal and state laws.”
 - SIG – “I have read, understand, and agree to follow the Service Definitions and Service Interpretive Guidelines (SIG).” Links are provided for Adult and Juvenile definitions on the Judicial Branch website.
 - Standards of Practice – “I have read, understand, and agree to follow the Standards of Practice.” Links are provided for Adult and Juvenile definitions on the Judicial Branch website.
 - Service Provider Handbook – “I have read, understand, and agree to follow all processes, procedures, requirements, expectations, responsibilities, etc. outlined in the AOCPS Registered Service Provider Handbook.”
 - Supreme Court Rules – “I have read, understand, and agree to follow all Supreme Court Applicable Rules and AOCPS’s processes that govern the Registered Service Provider network and the application of financial assistance, including the Standardized Model and Sliding Fee Scales as applicable for the Delivery of Substance Use Services (Nebraska Supreme Court Rule § 6-1301).”

- **Background Checks** – “I authorize the Administrative Office of the Courts and Probation to conduct criminal background checks, upon request, to assist in determining my eligibility to provide services to individuals served by Nebraska State Probation and Problem-Solving Courts.”
- Type Name to sign (100 character limit)
 - The date is automatically set and cannot be changed
 - Leaving the Attestation tab before submitting will clear a signature typed into the field.

Date:	12/07/2021
Name: *	
This field is required.	0/100

- At the bottom of the Attestation page, click:
 - “PREVIOUS” to save and go to the previous tab,
 - “SAVE” to save the changes and remain on this tab, or
 - “SUBMIT” will allow the user to send for review and approval
 - Users will be able to modify once submitted, as long as there are not any approvals on any of the items.
 - If modified and re-submitted, the user must sign again and the date will be updated.
- The submit button will take the user to the home page. Users should be able to click their name on the home page or click “Individual Application” to modify the application before the review is performed by AOCP staff.
- After submitting the application, changes may be made up until the point that AOCP staff begin the review process. Once the review has begun, clicking on the quick link to access the individual application will redirect the user to the my.ne.gov login page.

Agency Representative Application

- On the homepage of the Registration Portal, select the Add Agency Application button.

Agency Application

Register an Agency or Organization to be a Service Provider for the Administrative Office of the Courts and Probation

Name	Status	Messages	Status Date	History
<div style="background-color: #007bff; color: white; padding: 5px 10px; display: inline-block;">ADD AGENCY APPLICATION</div>				

- The agency application contains sections on demographics, licensure, services, and attestation. Once all required fields are completed, users will be able to submit the agency application for consideration.
- Under the demographics section, the prospective agency representative must enter the agency name, primary address, mailing address (if different from mailing address), and phone number. Users will also be required to enter the primary authority contact for the agency, their address, phone number, and email address. There is also an option to add additional facility locations.

Service Provider Registration - Agency

DEMOGRAPHICS

LICENSURE

SERVICES

ATTESTATION

Demographics

- At the bottom of the demographics page there is a check box that reads “As the primary authority for this agency, I acknowledge that I will have the abilities of the Agency Staff Roster Coordinator, Agency Compliance Coordinator, Agency Voucher Reviewer, and Agency Voucher Coordinator. *Please hover over the roles, located below, to view a description.” If the user checks this box, they will gain access to the agency profile details manager with the ability to make changes to the agency.

As the primary authority for this agency, I acknowledge that I will have the abilities of the Agency Staff Roster Coordinator, Agency Compliance Coordinator, Agency Voucher Reviewer, and Agency Voucher Coordinator
*Please hover over the roles, located below, to view a description.

APDM (Agency Profile Details Manager)*

ASRC (Agency Staff Roster Coordinator)*

ACC (Agency Compliance Coordinator)*

AVR (Agency Voucher Reviewer)*

AVC (Agency Voucher Coordinator)*

- The Licensure section of the agency application includes questions about agency accreditations, facility licenses, and negative actions associated with agency licenses.

Service Provider Registration - Agency

DEMOGRAPHICS

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Licensure

- Applicants must answer yes or no to the question “Does your Agency hold any applicable Agency Accreditations, such as The Joint Commission (Formerly JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF)?” If “Yes” is selected, the applicant must enter the accreditation name and upload a digital copy of the accreditation. Additional accreditations may be added by selecting the “Add Additional

Accreditation” button.

Does your Agency hold any applicable Agency Accreditations, such as The Joint Commission (Formerly JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF)?

Yes No

Accreditation Name *

0/50

Required Document Upload *

UPLOAD FILES (0)

Upload Date/Time	File Name
File upload is required	

+ Add Additional Accreditation

- As part of the facility license heading, the applicant is required to add the license state, number, type, and expiration date for all licenses that the agency holds. Please note that completion of the agency/facility license portion of this application directly impacts the types of services for which an agency and staff will be able to register. The user may add extra facility licenses by selecting the “Add Facility License” button.

Facility Licenses

Completion of the agency/facility license portion of this application directly impacts the types of services for which your agency and staff will be able to register.

EXAMPLE 42 AGENCY., , NE

License State *	License Number *	License Type *	License Expiration Date *	✕
NE			0/20	

+ Add Facility License

- Finally, applicants are asked whether “a negative action, such as denial, refusal, suspension, disciplinary action, etc. ever at any time has been associated with a current or past agency license?” If the user answers “Yes” to this question, they will be required to complete an explanation of the negative action and upload a digital copy of any supporting evidence of their claim.

Has a negative action, such as denial, refusal, suspension, disciplinary action, etc. ever at any time been associated with a current or past agency License?

Disclosure will not automatically result in denial. Failure to disclose will result in denial of application.

Yes No

Explanation *

0/2000

Required Document Upload *

UPLOAD FILES (0)

Upload Date/Time	File Name
File upload is required	

Service Provider Registration - Agency

DEMOGRAPHICS

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Services

9. Under the Services tab, applicants will be asked a series of questions to which they must answer “Yes” or “No” to all questions below:
- Does your Agency provide in-home services? This does not include Detention, Jail, Crisis Stabilization, Group Home, Transitional Living, etc. Answering “Yes” to this question requires selecting cities where staff will travel to provide services.
 - Does your Agency provide services in other locations, such as Detention, Jail, Crisis Stabilization, Group Home, etc? Answering “Yes” to this question requires the applicant to indicate the setting the agency is willing to provide services.
 - Does your Agency provide teleservices?
 - Does your Agency routinely work with interpreters to provide services? Answering “Yes” to this question requires selecting the languages supported by the agency.
 - Does your agency have a contract in place with the Administrative Office of the Courts and Probation? Answering “Yes” to this question will display the below text in red. **The Administrative Office of the Courts and Probation will assign services based on your contract.**
10. The facility locations portion of the services tab allows the applicant to choose all available services to be provided at each agency location. This includes the primary agency location as well as any additional agency locations. All agency facility locations added in the Demographics tab will automatically populate under the facility locations section. To add services to an agency location the user will need to select the service under the “Available” box and use the arrows pictured in the middle of the page to move the selected service to the “Selected” box. Use the trash can icon to remove services from the “Selected” list. The user must confirm Yes or No to the question, “Are you sure you want to remove the selected Service(s)?”

EXAMPLE1 AGENCY: 1234567 STREET, ADAMS, NE

Services provided at this location:

Available

>

<<

<

Selected

Service Provider Registration - Agency

DEMOGRAPHICS

LICENSURE

SERVICES

ATTESTATION

Attestation

11. The attestation tab of the agency registration requires that the applicant agree to the following statements and electronically sign and date the application before submission.

- “I agree to the password and security requirements and will not allow my password to be used by any other individuals but myself”
- “I understand that the AOCPS may request additional information from me prior to the formal approval of my application. I also understand that the AOCPS may conduct initial reviews in the provisional approval process, however, I am not permitted to provide any services to justice-involved individuals nor receive payment until or unless my application is formally approved, and I receive my login credentials”
- “I agree that all internal agency processes have been followed to determine the identified Primary Authority as well as the appropriate person to complete and submit the application and attestations.

The Primary Authority may assign a proxy to complete the agency’s application, including the attestations. However, should the Primary Authority choose to have a proxy complete and submit the application, signature, and attestations on their behalf, the Primary Authority for the agency will still be responsible for all information contained therein, all designations made and all attestations, regardless of who ultimately completed the application.”

12. After the application is submitted and AOCPS staff has begun the review process it will not be reviewable by the applicant. However, any number of agency representative applications may be submitted within the registration portal. To add an agency application, return to either the Home or Agency Registration tabs and select “Add Agency Application”.

Agency Application

Register an Agency or Organization to be a Service Provider for the Admi

Name	Status
Example 42 Agency	In Progress, Not Submitted

ADD AGENCY APPLICATION