

Department of Human Services

1. Task View (see below). You will select the blue link that says DHS 2.0 Instructions Form - HCMC

[Back to All Tasks](#)
23 of 23 Tasks Completed

Welcome
Completed

Health Assessment Information
Completed

Health Assessment Confirmation
Completed

I-9 Information
Completed

Personal Information
Completed

Badge Form
Completed

DHS Background 2.0 - HCMC
Completed

DHS Background 2.0 - Confirmation
Completed

MMPI Information

Job: Dental Assistant



Department of Human Services Background Check

Department of Human Services (DHS) Background Study and Fingerprinting

Since you will be in a position that will involve direct patient contact, you are required to complete a background study through the Minnesota Department of Human Services (DHS). Initiating your background study is time-sensitive and your start date is contingent upon successful completion.

Please click the link below titled "DHS 2.0 Instructions Form" to open the form and follow the directions to initiate your background study. For technical issues including assistance with password resets, please email DHS at dhs.netstudy2@state.mn.us.

[DHS 2.0 Instructions Form- HCMC](#)

After initiating your DHS background study in the DHS Applicant Portal, you will receive an email from DHS within one business day which will contain instructions on how and where to get fingerprinted.

Next Task

2. Instruction Form View (see below). Please fully read the full instructions and make sure to completed steps 1-4.



APPLICANT BACKGROUND STUDY

You received this form because you applied for a position that requires a Minnesota Department of Human Services (DHS) background study. Follow the instructions below to submit your background study request to the provider. The provider will review and may submit your background study request to DHS. Provider means a facility, program, or agency initiating background study requests under Minnesota Statutes, chapter 245C.

Provider Name and License Number	Provider Number
HENNEPIN COUNTY MEDICAL CTR (211) 211	HENN6V

Instructions

1. **Go to NETStudy 2.0 Applicant Portal**
<https://netstudy2.dhs.state.mn.us/Applicant>
2. **Create an Account** If you have not created an account before:
 - a. Click "Register as a new user."
 - b. Enter your account information. Click "Register."
 - c. Check your email for the temporary password.

Frequently Asked Questions

Will I be notified when I can be fingerprinted and photographed?

Yes. You will be notified by email that the provider submitted the background study to DHS. Log into NETStudy 2.0 to retrieve the *Fingerprint and Photo Authorization Form* on the home screen under "Forms" for the applicable provider. You cannot be fingerprinted and photographed until the provider submits the background study request to DHS.

Department of Human Services

3. Login View (see below). Register as a new user.

mn DEPARTMENT OF HUMAN SERVICES

Login

Please refer to the Applicant Background Study Instructions form given to you by the provider requesting your background study. If you have questions, please email the Minnesota Department of Human Services Background Studies Division: dhs.netstudy2@state.mn.us.

To make sure you have best experience possible, the MNDHS 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 MNDHS 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:
casey.gislason@hcmcd.org

* Password:

Forgot Password / Unlock [Login](#)

OR

[Register as a new user](#)

4. Complete all the required information

Register As New User

New Providers: Do not use this background study site if you are in the process of establishing a NetStudy 2.0 account through the NETStudy 2.0 Onboarding process. Use of your email address on this site will stop your onboarding.

Information Required: Enter your correct information and current name and date of birth as it appears on your legal identification. Fields with an asterisk (*) are required.

Social Security Number: Your Social Security Number (SSN) is not required. However, if you want your background study determination to be available for other entities, you must provide your SSN now. If you provide your SSN to an entity in the future, in many cases your background study determination will transfer to that entity.

Verify Your Information: Submission of inaccurate information will cause your background study to be invalid. You are not permitted to change the registration information below at a later time. Double check that the information you entered is accurate before you continue.

* First Name:

* Last Name:

* Date of Birth:

Social Security Number:

* Email:

* Confirm Email:

* Phone:

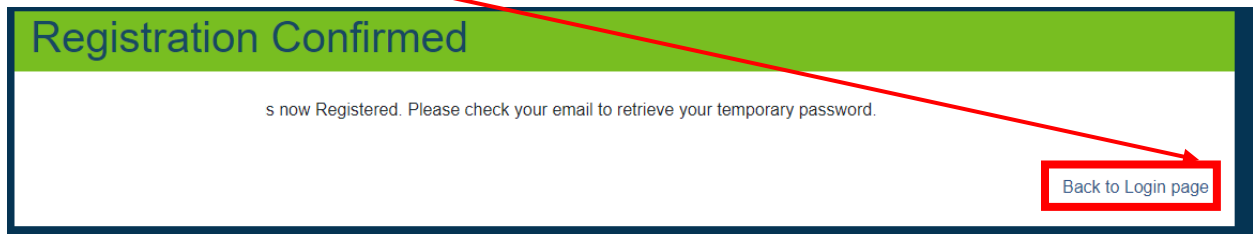
(required)

Phone Type:

[Register](#)

Department of Human Services

5. Back to Login Page

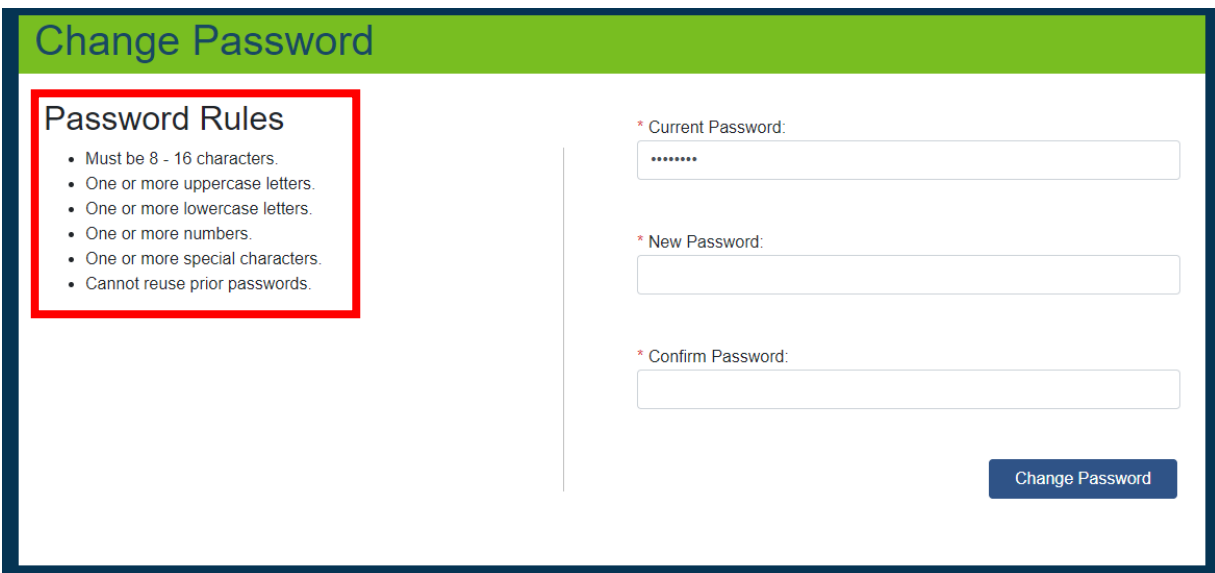


Registration Confirmed

s now Registered. Please check your email to retrieve your temporary password.

[Back to Login page](#)

6. Check email for temporary password
7. Enter username (email) and temporary password
8. Terms and Conditions -> accept the terms
9. Change password (Please read the password rules)



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](#)

Department of Human Services

10. Select your security question, answer and confirm that answer

✓ Your password has been changed

Security Question

Please choose a security question and provide the answer.
This security question will be used to reset your password in the "Forgot Password" process.

Select a question below and/or edit the question text

* Security Question:

* Security Answer:

* Confirm Security Answer:

Submit

11. Create Application

✓ Your Security Questions have been updated.

Home

Welcome to the Minnesota Department of Human Services (DHS) Applicant Data Entry Portal.

Please follow the instructions on the screens to complete the data entry for your background study request. You must have the "Provider Number" to start. The "Provider Number" is on the Applicant Background Study instruction sheet the entity gave you to use this portal.

There are several screens in the portal, but they do not take long to complete. You must complete all of the screens before you submit your background study request to the entity for review. After the entity verifies your background study information, the entity may submit it to DHS. Upon submission of your background study to DHS by the entity, you will receive an email to retrieve your fingerprint and photo authorization form.

Thank you for your interest in working with children, vulnerable adults, or people that receive health and human services.

Once provided with a Provider Number, click Create Application to begin.

Create Application

Department of Human Services

12. Enter Provider Number: **HENN6V**

Provider Search

Enter the "Provider Number" from the Applicant Background Study instruction sheet. If you cannot locate the "Provider Number," contact the entity that gave you the instruction sheet.

* Provider Number:

13. Continue Application

Provider Search

Enter the "Provider Number" from the Applicant Background Study instruction sheet. If you cannot locate the "Provider Number," contact the entity that gave you the instruction sheet.

* Provider Number:

Provider: Hennepin County Medical Center (211)

If this is the correct entity, click "Continue Application." Otherwise click "Cancel" and contact the entity that gave you the instruction sheet to get the correct "Provider Number."

14. Enter all required information

* First Name:	Middle Name:	* Last Name:	Suffix:
	☐ No Middle Name		
* Date of Birth:	SSN:	* Sex:	
* Race:	* Hair Color:	* Eye Color:	
* Height:	* Weight:		
* Place of Birth:		US Citizen:	
Phone:	Phone Type:	Secondary Phone:	
612-873-6680	Work		
Email:			

Department of Human Services

15. Enter all required information

Verify Identity

An expiration date is required if there is one on the document. If there is not an expiration date, leave this field blank.

Identity Document

* Document:

* Document #:

* Issuing Authority:

Expiration Date:

16. Enter all required information

Physical Address

Enter your permanent address. For students, this may be your parent's home address. You will be asked to enter the address where you receive mail on the next screen.

* Address Line 1:

Address Line 2:

* City:

* State: County:

* ZIP:

Department of Human Services

17. Enter all required information

Mailing Address

Enter your mailing address if different from your permanent address. If the address is the same, click the box "Mailing Address is the same as Permanent Address." Your background study determination will be mailed to your mailing address.

☒ Mailing Address is same as Permanent Address

* Mailing Address Line 1:

Mailing Address Line 2:

Mailing City:

* State: * Mailing ZIP:

18. Enter all required information

Previous Addresses

If you have lived outside of Minnesota in the past five (5) years, enter the information for each state and click "Add this previous address." Repeat this process for additional states. If you have not lived outside of the state in the prior five years click the box, "I have not lived in another state in the specified time frame."

* State:

* Year From: * Year To:

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

Department of Human Services

19. Enter all required information

Alias / Prior Names

Enter all prior names and aliases including maiden names, married names, name changes, and any other name you have used or have been known by. These are required for the background study to be valid and are required by law. After you enter each name, click "Add this alias." Repeat this process for each name or alias.

If you have not been known by any other names or aliases, click the box "I have never been known by any other names or aliases."

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

20. Enter all required information

Role at Provider

This page requests information about your role at the Provider.

* Have you lived in any U.S. state other than Minnesota anytime since September, 2014:

Withdraw

Save and Close

Back

Next

October 3, 2019

Department of Human Services

21. Select NEXT to continue

Registry Information

NETStudy 2.0 does an automatic search of the Minnesota Nurse Aide Registry for negative findings, the federal Office of Inspector General (OIG) list of Excluded Individuals/Entities, and the Minnesota OIG Excluded Individuals list. You may check these registries yourself to see if you are on these lists and, if so, you can enter a note to the entity with an explanation.

If you are required to pay the background study fee, click "Next" to proceed to the payment screen. If payment is not required, click "Finish" to submit your request to the entity to review.

Registry: MN Nurse Aide Registry
Result: Cleared
Checked Date: 09/24/2019

Registry: MN OIG Excluded Individuals
Result: Cleared
Checked Date: 09/24/2019

Registry: OIG List of Excluded Individuals/Entities
Result: Cleared
Checked Date: 09/24/2019

Department of Human Services

22. Look over information -> check the box that all of this information is correct -> select Finish (it will take a minute before you get to the next screen)

Application Summary

Profile
First Name: Middle Name: Last Name: Suffix:
Date of Birth: SSN: Race: Gender:
Hair Color: Eye Color: Height: Weight:
Citizen: Phone: Secondary Phone: Email:

Address
Address Line 1: Address Line 2: City: County:
State: ZIP:

Mailing Address
Mailing Address Line 1: Mailing Address Line 2: Mailing City: Mailing County:
Mailing State: Mailing ZIP:

Aliases
No Reported Aliases

Previous Addresses
No Reported Previous Addresses

Position
Provider:
Request Type:
Special Circumstance(s):

Identity Verification
Document Type: Document Number: Issuing Authority: Expiration Date:

Registry Information

☐ The above information has been reviewed by me and is true and correct.

Withdraw

Close

Back

Finish