



# MISSISSIPPI STATE DEPARTMENT OF HEALTH

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## **Applicant User Guide**

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New Applicant User Guide

Version 02

04/24/2024

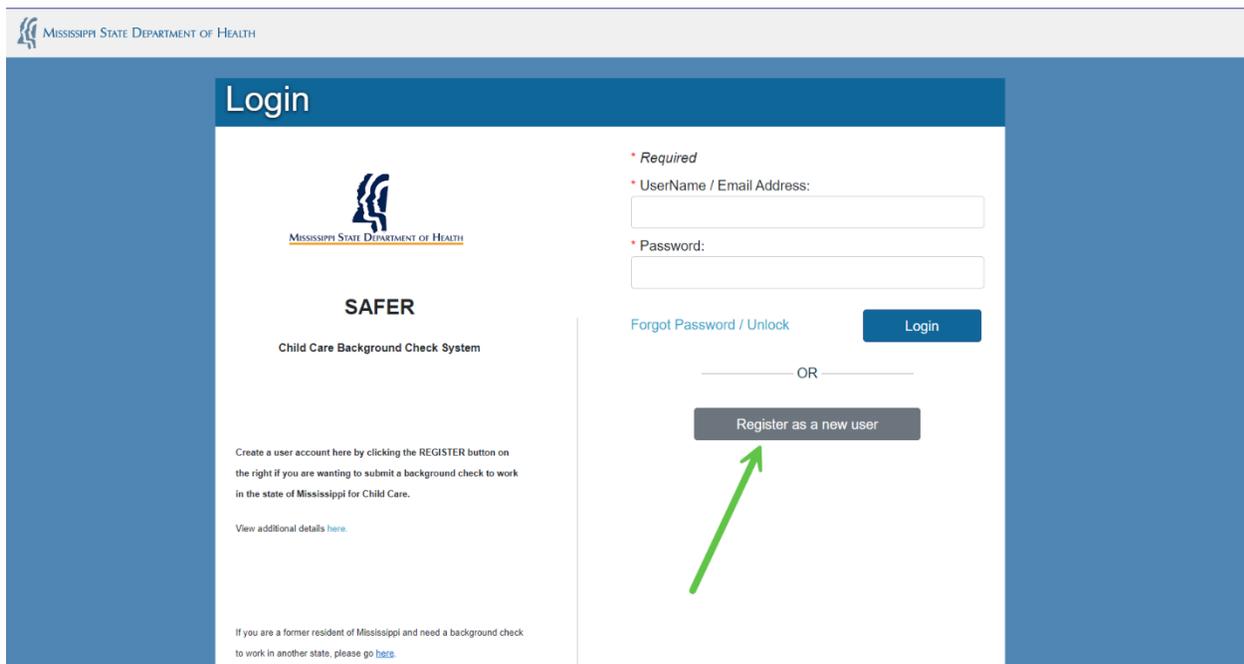
# Introduction

Thank you for your interest in applying for a position in health care. The state of Mississippi requires all applicants to complete a fingerprint-based, criminal history background check. Follow the instructions in this guide so the Mississippi Background Check System (SAFER) can process your request.

## Registration

In order to access your application and background check, you are required to create an account with the Mississippi Background Check System (SAFER). Please access the site at this secure website: <https://www.safer.msdh.ms.gov/Applicant-msdh> This will allow you to view and manage your application.

1. Navigate to the Applicant Login Page for Mississippi Department of Health. Select **Register as a new user** if this is your first time logging into the SAFER System.



2. Enter your information into the associated boxes. All boxes marked with an asterisk (\*) are required. Once all of your relevant information has been entered, select the Register button to move forward to the next page. You will see a pop-up that confirms your registration, click **Confirm Registration** to complete the registration.

## Register As New User

	* First Name:
	<input type="text" value="Jane"/>
	* Last Name:
	<input type="text" value="Doe"/>
	* Date of Birth:
	<input type="text" value="01/01/1999"/>
	* Social Security Number:
	<input type="text" value="987-65-4321"/>
	* Email:
	<input type="text" value="[blurred]"/>
	* Confirm Email:
	<input type="text" value="[blurred]"/>
	Phone:
	<input type="text" value="111-111-1111"/>

### Confirm Registration

You have successfully registered! Check your email for your temporary password.

# Registration Confirmed

██████████@gmail.com is now Registered.

[Back to Login page](#)

3. You will receive a message to **the email address you entered** with a temporary password. You will use your email as the username to log in for the first time.

You can now log into SAFER MSDH Health Care. This is a secure website that can be accessed at: <https://www.safer.msdh.ms.gov/applicant-msdh>. In order to login, you must enter a UserName and Password. Your auto-generated password is listed below.

Password: XbRUDS2%



Passwords are case sensitive and must be entered exactly as it appears in the email. Please be certain if you copy and paste the password you get the special character at the end of the password! Incorrect special characters and extra spaces will cause the system to see it as the wrong password and possibly disable your account. Please reach out to the help desk if you need assistance to change. **DO NOT** register for a new account.

## Log In

4. Log in using your email address as the User Name and the temporary password you received in the email. Click the **Login** button to log in.

### Login



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## SAFER

Child Care Background Check System

Create a user account here by clicking the REGISTER button on the right if you are wanting to submit a background check to work in the state of Mississippi for Child Care.

[View additional details here.](#)

\* Required

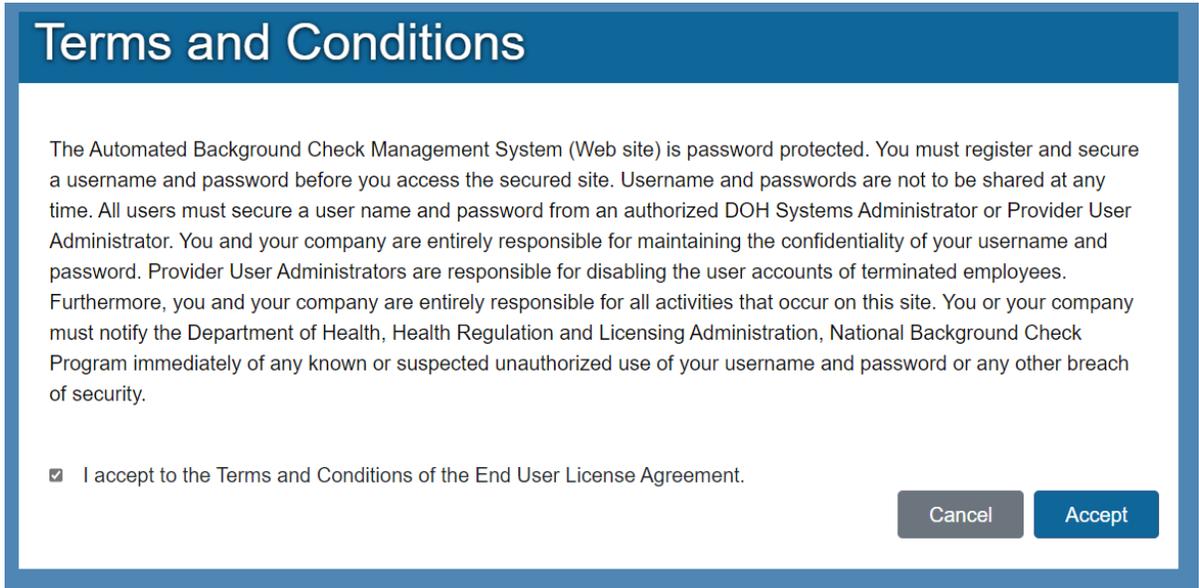
\* UserName / Email Address:

\* Password:

[Forgot Password / Unlock](#)

OR

5. Accept the Terms and Conditions by checking the 'I accept to the Terms and Conditions of the End User License Agreement' and then clicking the Accept button.



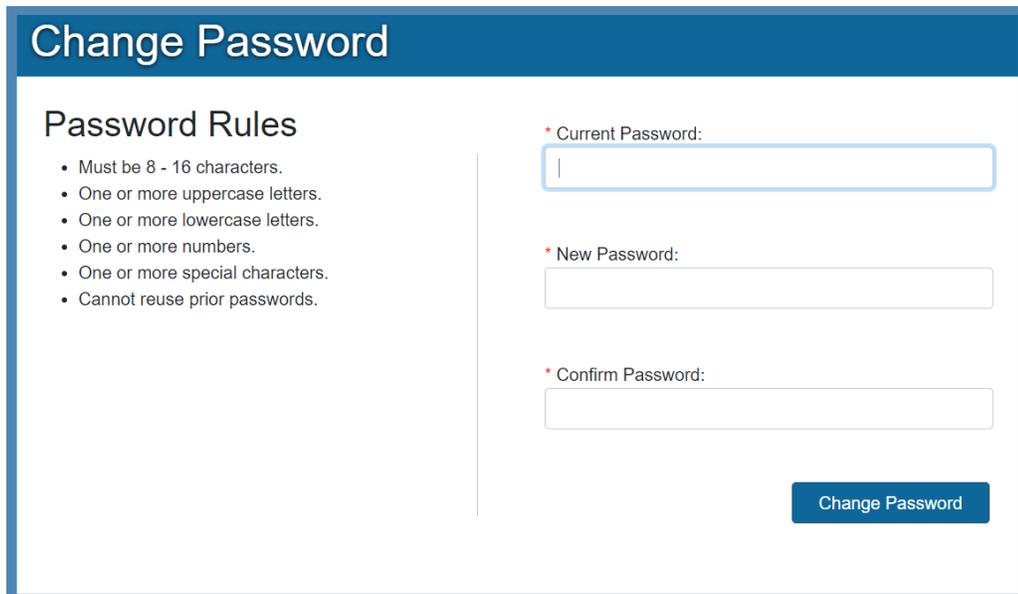
**Terms and Conditions**

The Automated Background Check Management System (Web site) is password protected. You must register and secure a username and password before you access the secured site. Username and passwords are not to be shared at any time. All users must secure a user name and password from an authorized DOH Systems Administrator or Provider User Administrator. You and your company are entirely responsible for maintaining the confidentiality of your username and password. Provider User Administrators are responsible for disabling the user accounts of terminated employees. Furthermore, you and your company are entirely responsible for all activities that occur on this site. You or your company must notify the Department of Health, Health Regulation and Licensing Administration, National Background Check Program immediately of any known or suspected unauthorized use of your username and password or any other breach of security.

I accept to the Terms and Conditions of the End User License Agreement.

Cancel Accept

6. Enter the temporary password as the current password, then create a new password of your choice. The security rules for the new password are listed on the left side of the box. Your new password **MUST** follow **ALL** the rules listed. Once you have entered your password, click 'Change Password'



**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

7. If there are no issues with your password, you will be directed to the **Security Questions** page, and you will see a banner at the top of the page that says “Your Password has been changed”. On this page, you will select two security questions. You can either select one of the prompted questions or write your own. Once you have completed both questions, click the ‘SUBMIT’ button.

 Your password has been changed

## Security Questions

Select a question below and/or edit the question text

What is your mother's maiden name?  
What was the name of your first pet?  
What school did you attend in first grade?  
Where do you work?

\* Security Answer 1:

\* Confirm Security Answer 1:

8. You will be navigated to the **APPLICANT HOME PAGE** where you will be able to download the **Applicant Fingerprint Form** and the **Applicant Privacy Rights** document. You will need to **sign** and **upload BOTH** of these documents as part of the application process.

# Home

## IMPORTANT MESSAGES:

- The following **two** forms must be **SIGNED** and a copy **UPLOADED** as part of the application process.

[Applicant Fingerprint Form](#)

[Applicant Privacy Rights](#)

- *Please note, uploaded files must be under **4MB** in size.*
- *Apple product "Live" images **WILL NOT** load, please save these without the live setting before uploading.*
- **You must have the Facility Code in order to start an application.** *Reach out directly to the facility for this number.*
- **The Applicant Fingerprint form is available upon application submission.** This form must be completed and either brought to the LiveScan appointment or mailed with fingerprint cards. The SAFER Determination number is **REQUIRED** prior to fingerprints being taken.

- When mailing fingerprint cards, please provide two copies of the fingerprint cards and mail to

MSDH Fingerprint Unit

143B LeFleurs Square

Jackson, MS. 39211

Reach out to [SAFERHelpDesk@improving.com](mailto:SAFERHelpDesk@improving.com) with additional questions.

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Create Application

# Create a New Application

9. Enter the Facility Code given to you by the facility you're applying for and click **Search**. If you do not have this information, you will need to contact the facility.

**Provider Search**

To continue with your background check application, please enter the Facility Code that was provided to you by the facility for which you are applying for employment. If you do not know the Facility Code, click Cancel and contact the facility.

\* Facility Code:

**Search** **Cancel**

10. Once you have found your provider, click **Continue Application** to start your application with this facility.

**Provider Search**

To continue with your background check application, please enter the Facility Code that was provided to you by the facility for which you are applying for employment. If you do not know the Facility Code, click Cancel and contact the facility.

\* Facility Code:

**Search** **Cancel**

**Provider: Automation Designs & Solutions,**  
Tel: XXXXXXXX

**Cancel** **Continue Application**

# Application

1. After clicking **Continue Application**, you will be navigated to the **Profile** page. On this page you will fill out all of your demographic information. All fields marked with an asterisk (\*) are required. You will **not** be able to change your First Name, Last Name, Date of Birth, Social Security Number and email address. If you need to change any of these, please contact SAFER Support.

## Profile

* First Name:	Middle Name:	* Last Name:	Suffix:
<input type="text" value="Jane"/>	<input type="text"/>	<input type="text" value="Doe"/>	<input type="text"/>
* Date of Birth:	* SSN:	* Gender:	
<input type="text" value="02/02/2000"/>	<input type="text" value="432-23-4432"/>	<input type="text"/>	
* Race:	* Hair Color:	* Eye Color:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* Height:	* Weight:		
<input type="text"/>	<input type="text"/>		
* Place Of Birth:	* US Citizen:		
<input type="text"/>	<input type="text"/>		
Phone:			
<input type="text"/>			
* Email:			
<input type="text" value="i@gmail.com"/>			



The bottom **left** of the page will have a **Save and Close** button, this will save all of your progress **up to the page you save on**, and allow you to return to the in progress application later.

**Note**

# Verify Identity

- Next, you will be navigated to the **Verify Identity** page where you upload your identifying document.

## Verify Identity

**Upload a copy of your photo identification document.**

*Please note, uploaded files must be under **4MB** in size.*

*Apple product "Live" images **WILL NOT** load, please save these without the live setting before uploading.*

Identity Document

\* Document:

Document #:

Issuing Authority:

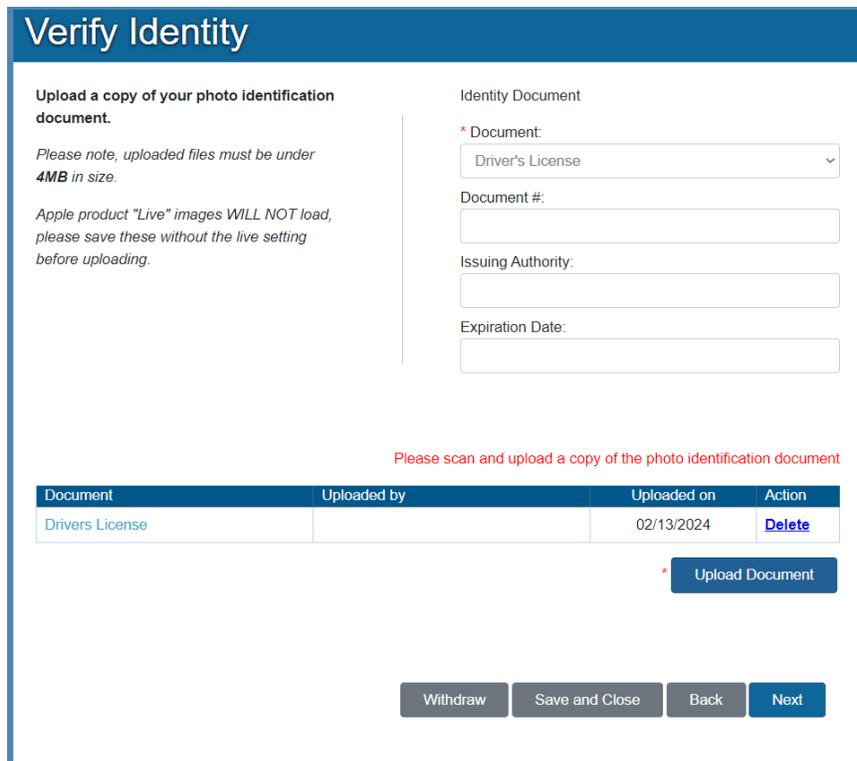
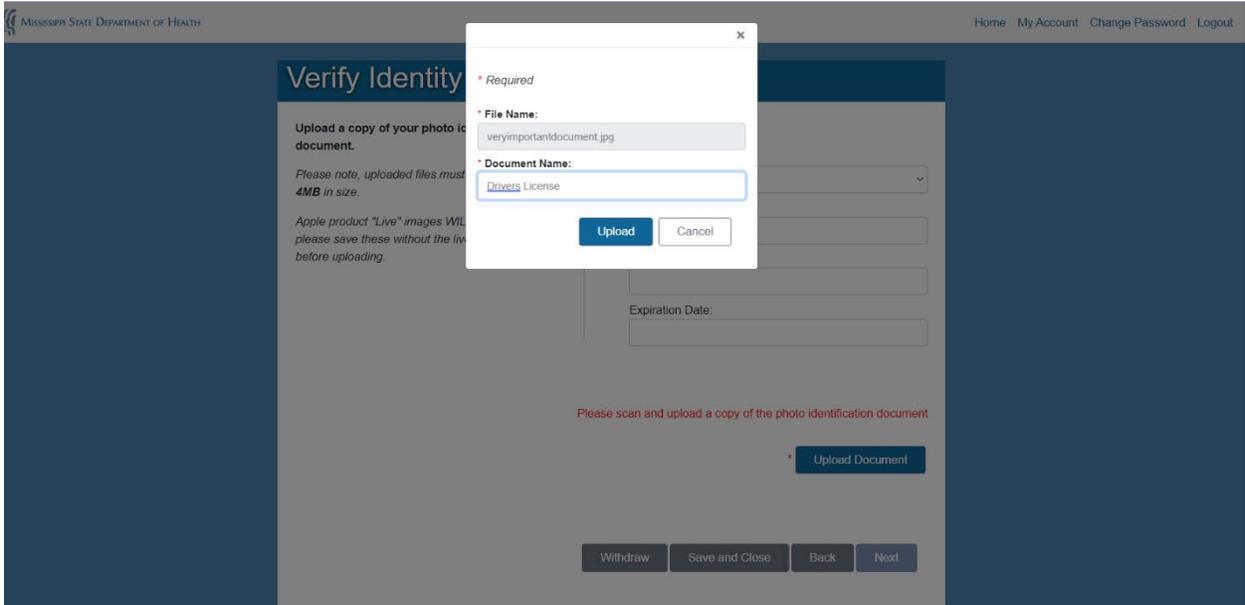
Expiration Date:

Please scan and upload a copy of the photo identification document

\* Document:

- Driver's License
- U.S. Passport or U.S. Passport Card
- Permanent Resident/Alien Card
- Foreign Passport with I-551 stamp
- Employment Authorization Document
- Foreign Passport with Form I-94 or Form I-94A
- Passport from the FSM or RMI

3. Clicking the **Upload Document** button will open a prompt for you to upload a photo of your document or the document itself. Once the document uploads you will see it on the screen.



## Physical/Mailing Address

- Next, you will enter your Physical Address. Your **Physical Address** is where you **live** and your Mailing Address is where you receive your mail.

### Physical Address

*\*Please note: Physical Address is where you live.  
Mailing address is where you receive your mail.*

\* Address Line 1:

Address Line 2:

\* City:

\* State: Mississippi  County:

\* Zip Code:

If your mailing address is **different** from your physical address, you'll need to uncheck the box at the top of the **Mailing Address** page so you can enter your mailing address.

### Mailing Address

*\*Please note: Physical Address is where you live.  
Mailing address is where you receive your mail.*

*Mailing Address is same as Permanent Address*

5. If you have lived in a **Different State** in the last 5 (five) years, you need to enter your prior address into the **Prior Address** page. If not, you can check the box that says you have not.

## Prior Addresses

If you have lived in a different state in the last 5 years, please enter that information here.

Country:

\* State:

City:

\* Year From:  \* Year To:

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

## Prior Names

6. If you have any prior names or aliases (such as a maiden name) you'll need to enter them into this page. If not, you can check the box that says you have never been known by any other names.

### Prior Names and Aliases

If you have used a different name in the past, such as a maiden name, please enter it here.

First Name:

Middle Name:

Last Name:

Alias SSN:

Alias DOB:

I have never been known by any other names or aliases.



#### Note

If you no longer wish to move forward with the application process, you can click **Withdraw** to close the application and end the application process. This will **delete** all information you submitted and **can NOT** be undone.

## Release of Information

7. On the Release of Information page, you will need to read and check all applicable boxes for confirmation you have consented to this background check.

### Release of Information

Read and check the boxes for the following consent:

- By checking this box I affirm I have provided photographic identification and written consent to conduct a registry screening and upon submission of fingerprints, for the MSDH to conduct a state and national criminal history record check.
- By checking this box you confirm the applicant never lived out of state.**  
If the applicant has lived out of state, please click BACK and edit their demographic information on the profile page.

**Upload a signed copy of both, the Privacy Rights AND the Fingerprint Form in order to proceed with your application.**

*Please note, uploaded files must be under **4MB** in size.*

*Apple product "Live" images WILL NOT load, please save these without the live setting before uploading.*

Documents for Download

- [Applicant Fingerprint Form](#)
- [Privacy Rights](#)

\* [Upload Document](#)

[Withdraw](#) [Save and Close](#) [Back](#) [Next](#)

*Please note, uploaded files must be under 4MB in size and Apple product "Live" images WILL NOT load, please save these without the live setting before uploading.*

8. You will need to upload a **SIGNED COPY** of both the **Applicant fingerprint form** and the **Privacy Rights** document here. You can click either of the links on the page, and it will open the document in a new window of your browser. Pop-ups **must** be **enabled** in your browser for the documents to open.



The fingerprint form will **automatically** fill in the applicant's information when they are generated from this page. Applicants are still required to **sign** the documents.

Once you have signed both documents, click the **Upload Document** button and follow the prompt to upload the signed document to your application.

Once **BOTH** documents are **signed** and uploaded, you will be able to move forward by clicking the Next button.

Applicants are **required** to bring the **completed** and **signed** Fingerprint Authorization Form to their fingerprint appointment if they are getting **electronically fingerprinted**. If the applicant is sending in a **hard copy** of their fingerprints, the Fingerprint Authorization Form will need to be **mailed in** with the hard copy.

# Release of Information

Read and check the boxes for the following consent:

By checking this box I affirm I have provided photographic identification and written consent to conduct a registry screening and upon submission of fingerprints, for the MSDH to conduct a state and national criminal history record check.

**By checking this box you confirm the applicant never lived out of state.**

If the applicant has lived out of state, please click BACK and edit their demographic information on the profile page.

## Documents for Download

- [Applicant Fingerprint Form](#)
- [Privacy Rights](#)

Document	Uploaded by	Uploaded on	Action
<a href="#">SIGNED Applicant Fingerprint Form</a>	 @gmail.com	02/13/2024	<a href="#">Delete</a>
<a href="#">SIGNED Privacy Rights</a>	 @gmail.com	02/13/2024	<a href="#">Delete</a>

[Upload Document](#)

[Withdraw](#)

[Save and Close](#)

[Back](#)

[Next](#)

## Payment Information

- The Payment Information Page step of the Application allows you to pay for background check services within SAFER. A payment method **must** be selected, and payment **must** be made in order to move forward. If you are **not** ready to pay for services at this point, you can **Save and Close** or **Withdraw** the application.

Available payment options and application fees are subject to change.

### Payment Information

**DO NOT CLOSE YOUR BROWSER AFTER PAYMENT!**

THERE ARE ADDITIONAL STEPS TO FINISH SUBMITTING YOUR APPLICATION IN SAFER!

Credit Cards will be charged an additional processing fee.

Fee Name	Amount	Payment
Background Check Fee	\$50.00	Due

[Pay Now](#)

[Withdraw](#) [Save and Close](#) [Back](#)

You will be sent to the MS.Gov secure website to add your payment information. **Do not close your browser window**, you will be redirected back to SAFER once the payment is complete. The email entered into MS.gov will be sent a receipt of the completed payment.

- 1 Payment Type
- 2 Customer Info
- 3 Payment
- 4 Submit Payment

### Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
	Background Check Fee for Application #94884	\$50.00	1	\$50.00
Total				\$50.00

### Transaction Summary

Background Check Fee for Application #94884	\$50.00
<b>ms.gov Order Total</b>	<b>\$50.00</b>

### Payment

Payment Type

Payment Type \*

Select One
 

- Select One
- Credit/Debit Card
- Electronic Check

Next >

### Need Help?

Select Payment Method and Continue to proceed with payment. You will receive a printable receipt at the end of your successful payment transaction.

## Credit/Debit Card

Customer Information

Address

Country  
United States

Payment Information

Credit Card

Name on Credit Card

Cancel

### Transaction Summary

Background Check Fee for Application #94877 \$50.00

**ms.gov Order Total** **\$54.17**

### Need Help?

Review the payment information you are submitting. After reviewing and/or editing click SUBMIT to complete your transaction and receive your receipt. NOTE: Your payment is not complete until you click SUBMIT.

## Please wait

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Your payment is being processed.

Please do not close your tab or window, and please do not use your browser's Back button.



If your browser window is **closed** or the page is **refreshed**, the payment will **not** show up on the SAFER system as completed. If this happens, please reach out to the support team to get assistance.

After the payment has gone through successfully, the Next button will appear.

## Payment Information

**DO NOT CLOSE YOUR BROWSER AFTER PAYMENT!**

THERE ARE ADDITIONAL STEPS TO FINISH SUBMITTING YOUR APPLICATION IN SAFER!

**Credit Cards will be charged an additional processing fee.**

Fee Name	Amount	Payment
Background Check Fee	\$50.00	02/13/2024

[Withdraw](#) [Save and Close](#) [Back](#) [Next](#)

# Application Summary

10. The final page is the Application Summary page, where you will check and make sure all of the information entered is correct and up-to-date.

MISSISSIPPI STATE DEPARTMENT OF HEALTH Home My Account Change Password Logout

## Application Summary

Profile

First Name: <b>Jane</b>	Middle Name:	Last Name: <b>Doe</b>	Suffix:
Date of Birth: <b>2/2/2000</b>	SSN: <b>432-23-4432</b>	Gender: <b>Female</b>	
Race: <b>White</b>	Hair Color: <b>Green</b>	Eye Color: <b>Blue</b>	
Height: <b>4'10"</b>	Weight: <b>111</b>		
Place Of Birth: <b>Mississippi</b>		US Citizen: <b>United States</b>	
Phone:			
Email: <b>gabbystest@gmail.com</b>			

Address

Address Line 1:	Address Line 2:	City:	County:
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If any of the information is **NOT** correct, click the Edit Application button to return to your application and correct the information. If everything is correct, then click the box that says 'The above information has been reviewed by me and is true and correct'. This will enable the **Finish** button, click that button to finish and submit your application.

No

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

Once you click Finish you can alert the facility they can process your application.

# Applicant Home Page

11. After submitting your application, you will be redirected back to the Applicant Home Page, where you will be able to see your application's progress, and create new applications.

 **Your application has been sent to the Provider for review.**

## Home

**IMPORTANT MESSAGES:**

- The following two forms must be **SIGNED** and a copy **UPLOADED** as part of the application process.

[Applicant Fingerprint Form](#)

[Applicant Privacy Rights](#)

- Please note, uploaded files must be under **4MB** in size.
- Apple product "Live" images **WILL NOT** load, please save these without the live setting before uploading.

## Application In Process With MSDH

Application #: 94884  
Provider: Darcy's DEMO Daycare - CH0999999  
Submitted Date: 02/13/2024  
Status: Not Yet Requested - 2/13/2024

Document(s):

Unread	Document Name	Date Added	Added By
	<a href="#">SIGNED Privacy Rights</a>	02/13/2024	Jane Doe
	<a href="#">SIGNED Applicant Fingerprint Form</a>	02/13/2024	Jane Doe
	<a href="#">Drivers License</a>	02/13/2024	Jane Doe

[Upload Document](#)

[View Survey](#)

[Create Application](#)

## Next Steps

1. Make an appointment to be fingerprinted. (In state applicants only) **Your application will not proceed without fingerprints.**
2. Go to your appointment to be fingerprinted. You are required to bring your **Fingerprint Authorization Form** and your **identification** with you.
3. A State and FBI criminal background check will occur using your fingerprints.
4. If you receive an email asking for additional information, respond quickly.
5. When SAFER receives your fingerprint report, your criminal history results will be processed.
6. Once results are back, the status will update on your SAFER Home Page with any available letters. You will receive a notification that your status has changed.

## Frequently Asked Questions

I know my username and password are correct, but I still can't log in, what do I do?

**Look at the page URL, if it does not include 'MSDH' then you are on the wrong log in page, make sure to log in at <https://www.safer.msdh.ms.gov/Applicant-msdh>**

Can I get my fingerprints taken before I submit my application?

**No, if you are getting your fingerprints done electronically at the Health Department, you can NOT get your fingerprints taken without the SAFER fingerprint form.**

**If you are getting a hard copy of your fingerprints taken, you will need to mail the completed and signed fingerprint form AND your fingerprint card(s) in.**

How long does my background check last?

**Please confirm with your facility when you will be required to get a new background check. Different facility types must adhere to different regulations, so that timing may be annually, every two years or longer.**

Where do I find my Facility Code?

**That will be provided by the facility you are applying for. The SAFER support team cannot provide that number to you.**