



Agency Registration and Reporting System

Portal User Guide

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Purpose

The scope of this user guide is to introduce you to New York State Department of Health's Agency Registration and Reporting System (ARRS).

ARRS is a streamlined tool designed to make your temporary health care agency registration process easier. It serves as your single, central hub to quickly submit registration applications, manage your agency staff/user information, and stay informed with real-time status updates at your fingertips. ARRS allows you to focus on registering your agency successfully so that it can enter the approval process.

Obtain a NY.GOV Business Account (required for ARRS access)

If you do not already have an NY.GOV Business Account, you will need to obtain one before accessing the ARRS Portal. Follow the steps below.

Navigate to the URL on the right. You will land on the home page of the New York State Department of Health's Agency Registration and Reporting System (ARRS).	https://arrs.health.ny.gov
Click the "Register and activate your NY.GOV ID " button.	Instructions for Initial Registration and Registration Renewals To register as a new Temporary Health Care Service Agency in New York State, complete the following steps: If you do not already have an NY.GOV ID, register and activate your account before accessing the Agency Registration Reporting System (ARRS) portal. Register and activate your NY.GOV ID Once you have activated your NY.GOV ID, please click the link below to log in to the Agency Registration Reporting System (ARRS) portal: Sign in to ARRS Portal

Provide the following details to create your [NY.GOV](https://www.ny.gov) Business Account:

- First Name
- Last Name
- Email
- Your desired username

Once all of the above fields are entered, click the “Create Account” button.

The screenshot shows the 'NY.gov ID Business Account Self Registration' form, Step 1 of 3. The form includes the following fields and text:

- First Name***: Input field with 'Test'.
- Last Name***: Input field with 'testS'.
- Email address is needed for password recovery.**
- Email***: Input field with 'sharath@test.com'.
- Confirm Email***: Input field with 'sharath@test.com'.
- Username must be at least 4 characters long, can be up to 128, and must be unique. Must contain only alphanumeric characters. @ - _ and . may also be included. Do NOT use spaces.**
- Create a Username***: Input field with 'sharath1717'.
- Create Account**: A large blue button.
- Step 1 of 3**: A progress bar indicating the current step.

You will be asked to confirm the details you provided in the previous step.

If everything looks good, click the “Continue” button and continue with the next step.

If you made a mistake, click the “Back” button and redo the previous step.

The screenshot shows the 'NY.gov ID SELF REGISTRATION' form, Step 2 of 3. The form includes the following fields and text:

- Before you continue, please check the information below. If any information needs to be corrected, please click on the “Back” button below and make the necessary corrections**
- First Name:** Test
- Last Name:** testS
- Email:** sharath@gmail.com
- Username:** sharath1717
- Back**: A blue button.
- Continue**: A blue button.
- Step 2 of 3**: A progress bar indicating the current step.

Upon confirming your [NY.GOV](https://www.ny.gov) Business Account contact details, you will land on a confirmation page notifying you that you have received a link in your email to activate your account.

Click the “Finish” button and proceed to the next step.

NOTE: The account activation link will expire after 48 hours, and you will need to restart the registration process.

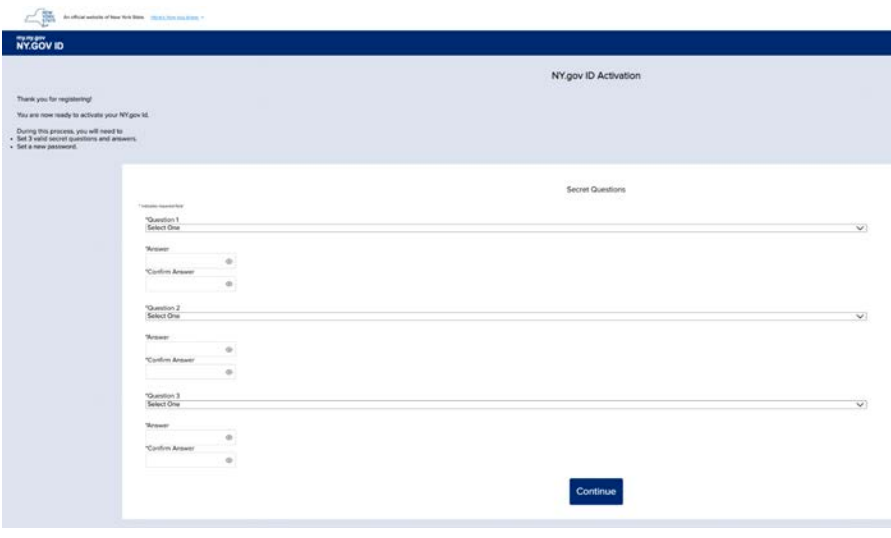
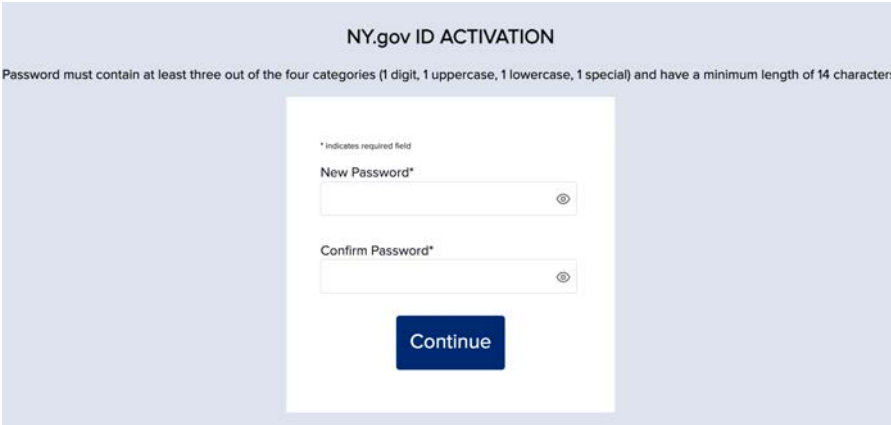


Navigate to your email inbox and look for an email from Ny.govid@its.ny.gov.

Within that email, click the first hyperlink labeled “click here” to activate your account, or copy and paste the second hyperlink URL into a separate tab if that doesn’t work.

NOTE: If you cannot find this email in your inbox, check your spam and junk folder.



After navigating to the activation URL, pick three security questions and provide your answers. These questions will help you regain access to your NY.GOV business account in case you lose access in the future. Once all questions are provided, click the “Continue” button.	
The page will let you know that you have successfully saved your secret questions and answers. Click the “Continue” button to set your NY.GOV password.	
Enter your new password, which must contain three of the four character types below: - 1 digit - 1 uppercase - 1 lowercase - 1 special character - At least 14 characters Once done, click the “Continue” button.	

The screen will briefly show you the message displayed on the right, letting you know that your password has been updated.

Do not close or refresh the window/tab while on this screen to ensure that your account is activated.

NY.gov ID ACTIVATION

Please wait. Your password has been updated successfully.

You will be redirected shortly. Thank you for your patience.

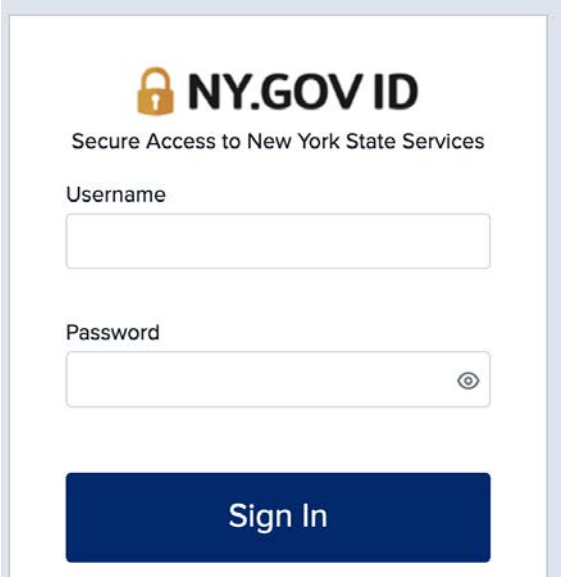
Log in to ARRS Portal

If you already have an NY.GOV Business Account ID, you can log into the ARRS Portal

Navigate to the URL on the right. You will land on the home page of the New York State Department of Health's Agency Registration and Reporting System (ARRS). NOTE: You need to log in using this URL. If you log out of the ARRS Portal at a later time and are redirected to the NY.GOV log in screen, providing credentials there will navigate you to your NY.GOV dashboard instead of the ARRS Portal.	https://arrs.health.ny.gov
Click the "Sign in to ARRS Portal" button. NOTE: In order to sign in, you must have an NY.GOV Business Account. If you don't, please refer to the "Obtain an NY.GOV Business Account ID" section within this user guide.	Instructions for Initial Registration and Registration Renewals To register as a new Temporary Health Care Service Agency in New York State, complete the following steps: If you do not already have an NY.GOV ID, register and activate your account before accessing the Agency Registration and Reporting System (ARRS) portal. Register and activate your NY.GOV ID Once you have activated your NY.GOV ID, please click the link below to log in to the Agency Registration and Reporting System (ARRS) portal: Sign in to ARRS Portal For step-by-step instructions on completing your Agency Registration application and using the portal, download the Agency Registration and Reporting System (ARRS) User Guide (PDF).

You will be redirected to the [NY.GOV](#) sign-in page. Enter your [NY.GOV](#) Business Account username and password. Click the "Sign In" button.

NOTE: If you have forgotten your log-in credentials, click the "Forgot Username?" Or "Forgot Password?" hyperlinks below.

The image shows a sign-in page for NY.GOV ID. At the top, there is a logo consisting of a yellow padlock icon followed by the text "NY.GOV ID" in bold. Below the logo, the text "Secure Access to New York State Services" is displayed. The page contains two input fields: "Username" and "Password". The "Password" field has a small eye icon on the right side, indicating a toggle for password visibility. At the bottom of the form, there is a dark blue button with the text "Sign In" in white.

If this is your first time logging in, you will be prompted to set up multifactor authentication (MFA). This adds an additional layer of security to protect your NY State Identity Service account.

You can set up MFA using any of the following methods (at least one method needs to be set up). You can set up multiple/all authentication methods at a later time by accessing the Okta MFA settings page, refer to "Update ARRS Profile Details," if desired).

Okta Verify: Receive and approve a quick push notification sent directly to the mobile app on your smartphone.

Google Authenticator: Generate and enter a temporary, single-use verification code from your authenticator mobile app.

SMS Authentication: Receive a single-use

NY.GOV ID

Set up multifactor authentication

Your company requires multifactor authentication to add an additional layer of security when signing in to your NY State Identity Service - QA account **account**

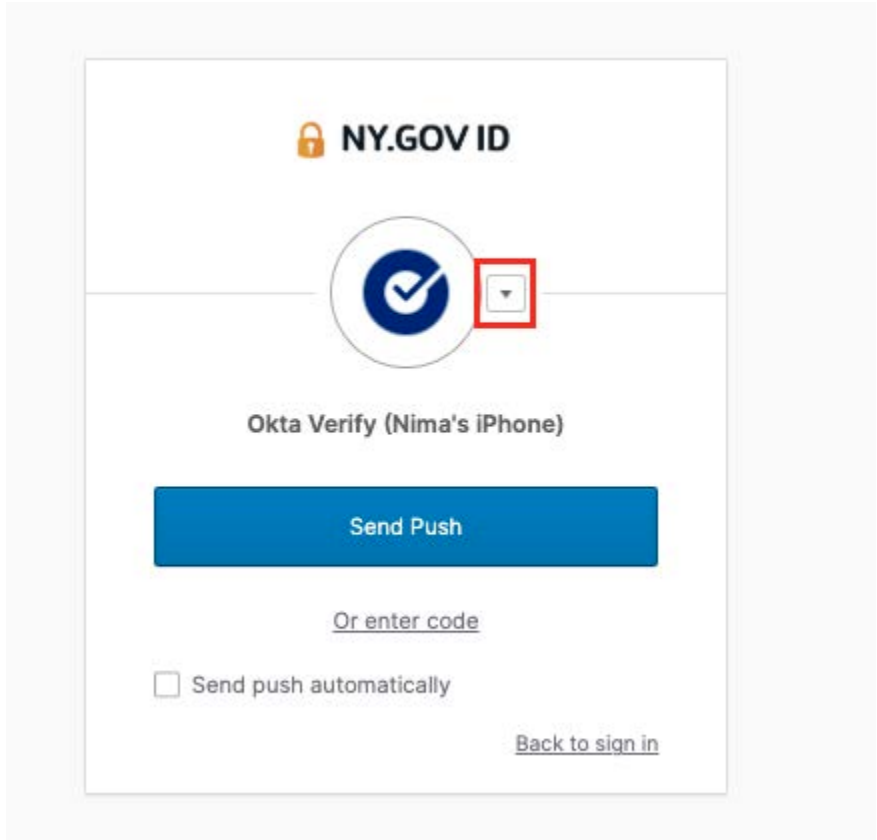
Okta Verify
Use a push notification sent to the mobile app.
[Setup](#)

Google Authenticator
Enter single-use code from the mobile app.
[Setup](#)

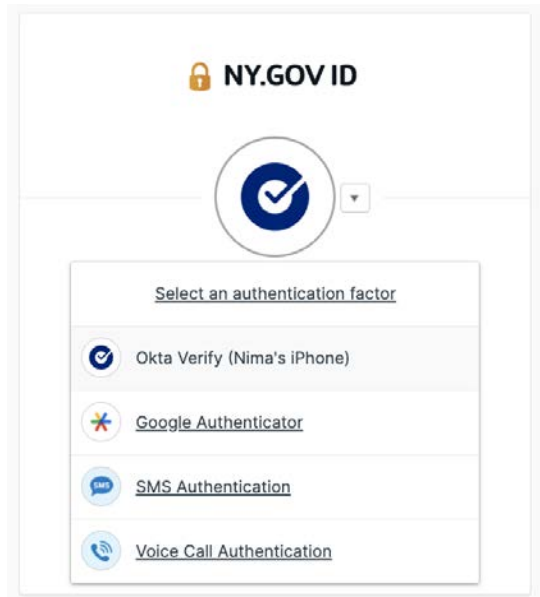
SMS Authentication
Enter a single-use code sent to your mobile phone.
[Setup](#)

Voice Call Authentication
Use a phone to authenticate by following voice instructions.
[Setup](#)

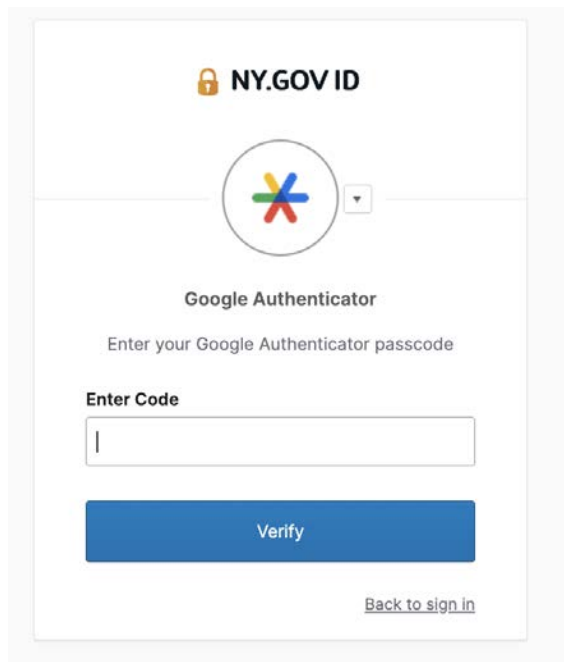
SMS Authentication
Enter a single-use code from your mobile app.
[Setup](#)

verification code sent via text message to your mobile phone. Voice Call Authentication: Receive a phone call on your mobile or landline and follow the voice prompts to authenticate.	
If this is not your first time logging in, you will be prompted to verify your login using one of your multifactor authentication methods that you have already set up. You can switch between different methods by clicking the dropdown arrow highlighted to the right. If you would like to set up or update your multifactor authentication settings in the future, refer to the “Update ARRS Profile Details” section later in this user guide.	

When clicking the dropdown arrow, you will see the authentication methods that have been set for your account and select which one you would like to use.



The screenshot on the right shows the Google Authenticator method, where you will enter the verification code that appears in your Google Authenticator phone app.



The screenshot on the right shows the SMS Authentication method, where you click the “Send code” button and enter the verification code that is texted to you.

The screenshot shows the NY.GOV ID login interface for SMS authentication. At the top, there is a lock icon followed by "NY.GOV ID". Below this is a circular icon with "SMS" inside. Underneath the icon, it says "SMS Authentication" and a phone number "(+1 XXX-XXX-6467)". There is a text input field labeled "Enter Code" and a "Send code" button. Below these is a large blue "Verify" button. At the bottom right, there is a link that says "Back to sign in".

The screenshot on the right shows the Okta Verify Authentication Method, where you will either send a push notification to your phone (by clicking the “Send Push” button), or click the “Or enter code” slightly below to enter the verification code that appears in your Okta Verify phone app.

The screenshot shows the NY.GOV ID login interface for Okta Verify authentication. At the top, there is a lock icon followed by "NY.GOV ID". Below this is a circular icon with a checkmark inside. Underneath the icon, it says "Okta Verify (Nima's iPhone)". There is a large blue "Send Push" button. Below this is a link that says "Or enter code". At the bottom left, there is a checkbox labeled "Send push automatically". At the bottom right, there is a link that says "Back to sign in".

The screenshot on the right shows the Voice Call Authentication Method, where you will click the “Call” button. You will enter the code provided to you in the automated voice call and verify.

Upon authenticating your login attempt, you will have access to the ARRS Portal and land on the “My Agencies” page, showing a list of all Temporary Health Care Staffing Agencies associated with your [NY.GOV](https://www.ny.gov) Business Account profile.

FEIN	Agency Legal Name	User Management	Registration Year	Registration Status	Action
12-3415148	Nima Test Agency 06/04/1	Manage	Aug 1 2026 through Jul 31 2027	Submitted for Review	

NOTE: The first image shows how your screen will look if you are already associated with an agency in ARRS. The second image shows how your screen will look if you are not associated with any agency in ARRS.



An official website of New York State [Here's how you know >](#)

Department of Health - Agency Registration and Reporting System

Home | Nima Shafikhani

My Agencies

Create New Registration

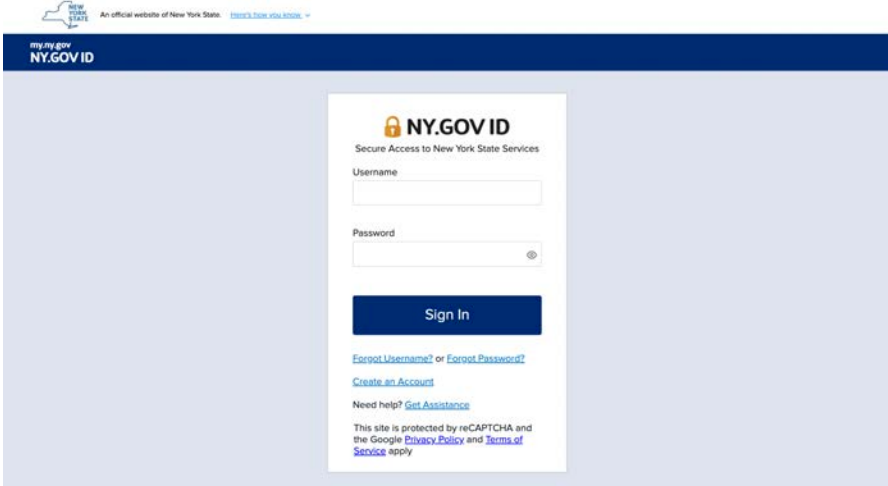
Below is a list of all agencies associated with your profile. Select an agency from the list to view agency details and registration information.

TAID	Agency Legal Name	User Management	Registration Year	Registration Status	Action
No agencies were found for your profile.					

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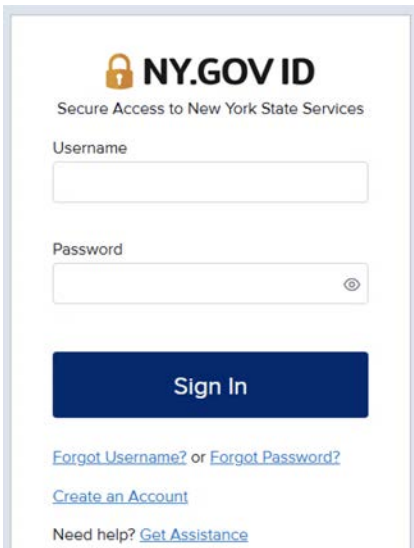
Log out of ARRS Portal

If you are logged in to the ARRS Portal, you can log out of the ARRS Portal.

In the ARRS Portal, you will see your name in the top right of the page. Click your name to access the dropdown list and click the “Sign out” button.	 The screenshot shows the 'Department of Health - Agency Registration and Reporting System' page. In the top right corner, the user's name 'Nima Shafikhani' is displayed next to a dropdown menu. The 'Sign out' option is highlighted with a red rectangular box.
You will now be logged out of the ARRS Portal and redirected to the NY.GOV login page. NOTE: You need to log in using this URL: (https://arrs.health.ny.gov). If you log out of the ARRS Portal and try to log back in using the NY.GOV log in screen that you have been redirected to, providing credentials there will navigate you to your NY.GOV dashboard instead of the ARRS Portal.	 The screenshot shows the 'NY.GOV ID' login page. It features a 'Sign In' button and links for 'Forgot Username?' and 'Forgot Password?'. The page is titled 'Secure Access to New York State Services'.

Update ARRS Profile Details

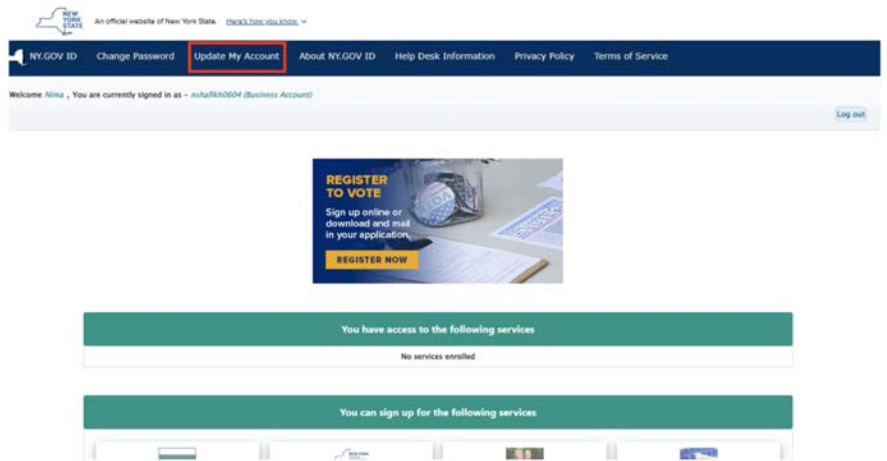
Because your ARRS account is tied directly to your NY.GOV account, any personal information you see inside the ARRS Portal (your name, email, or phone number) comes from NY.GOV. Consequently, you will not be able to edit this information directly within the ARRS Portal. To update any of these personal details, you must make those changes within your NY.GOV personal dashboard by following the steps outlined below.

Navigate to the URL on the right. You will land on the login/home page of your personal NY.GOV dashboard. If you are automatically logged in, you can skip the next step.	https://my.ny.gov/
You will be redirected to the NY.GOV sign-in page. Enter your NY.GOV Business Account username and password. Click the "Sign In" button. NOTE: If you have forgotten your log-in credentials, click the "Forgot Username?" Or "Forgot Password?" hyperlinks below.	
From your dashboard home page, locate the blue navigation header at the top of the screen. Click on the "Update My Account" hyperlink.	

Please complete the form to update your NY.GOV ID account details. Update your personal information, address, contact numbers, and your Password Reset Information (Shared Secret Questions and Answers).

You can also manage your multifactor authentication methods by navigating to the OKTA MFA settings page (refer to the red box at the top of the screenshot).

Once all fields are filled out correctly, click the "Modify Account" button at the bottom of the page.



Before you continue, please confirm the information displayed on the summary screen.

If any information needs to be corrected, click the "Back" button to make changes.

If all information is correct, click the "Confirm" button to proceed.

The screenshot shows the 'NY.gov ID ACCOUNT UPDATE' page. At the top, there is a navigation bar with links: NY.gov ID, Online Services, FAQs, About NY.gov ID, Help Desk Information, Privacy Policy, and Terms of Service. A 'Log Out' link is in the top right. Below the navigation bar, a green banner reads 'NY.gov ID ACCOUNT UPDATE'. Underneath, a message states: 'Before you continue please confirm the information below. If any information needs to be corrected please click on the "Back" button below and make the necessary corrections.' The user's information is displayed in a table:

First Name	Nima
Last Name	Shafikhani
Sex	
Address	1238 Union St
City	Schenectady
State	NY
Postal Code	12308
Country	us
Email Address	nima.shafikhani@0608@its.ny.gov
Telephone Number	123-456-7890
Mobile	098-765-4321

Below the table, there is a 'Password Reset Information' section. It contains three shared secret questions and their answers:

Shared Secret Question #1	What was the name of the town or city where your first job was located?
Shared Secret Question #2	What was the first concert you ever attended?
Shared Secret Question #3	What was your first grade teacher's last name?
Shared Secret Answers	(Not Shown)

At the bottom of the form, there are two buttons: 'Back' and 'Confirm'. The 'Confirm' button is highlighted with a red rectangle.

The update process is now complete. You will see a green banner stating: "Your account has been successfully modified! For security purposes please close this window."

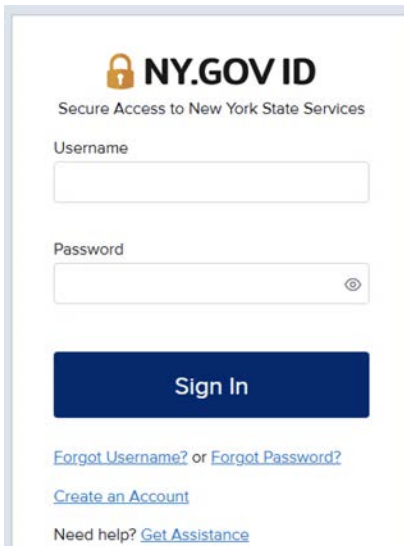
This information will reflect in ARRS when you open the portal again.

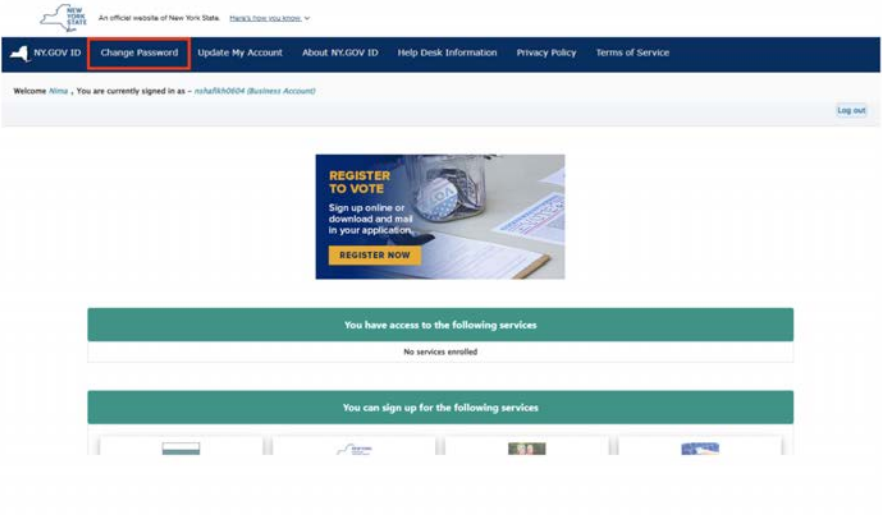
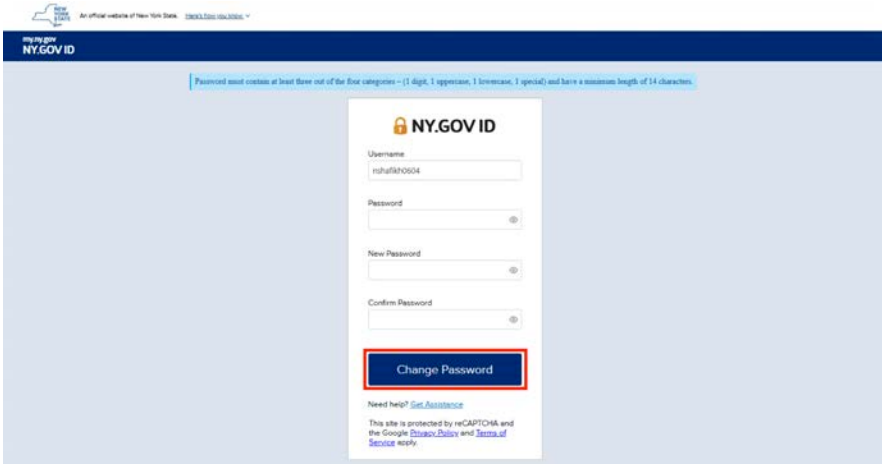
NOTE: You may need to close your window and reopen the portal to see these changes reflected

The screenshot shows the 'NY.gov ID ACCOUNT UPDATE' page after the update is complete. The green banner now reads: 'Your account has been successfully modified! For security purposes please close this window.' Below the banner, there is a black bar with the New York State logo and links to Agencies, App Directory, Counties, Events, Programs, and Services. At the bottom, there is a copyright notice: 'Copyright © 2018 - New York State Office of Information Technology Services (ITS) - Build: 3014-v0108 8:28 AM - Web: 06/01/2018 10:10:41-1'.

Update NY.GOV Business Account Password

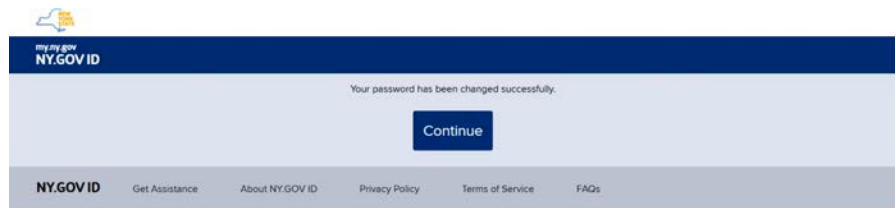
Your ARRS account password is tied directly to your NY.GOV credentials. To maintain security or update your ARRS login access, password modifications cannot be made inside the ARRS platform itself. Instead, you must change your password through the NY.GOV dashboard portal by following the step-by-step procedure below.

Navigate to the URL on the right. You will land on the login/home page of your personal NY.GOV dashboard. If you are automatically logged in, you can skip the next step.	https://my.ny.gov/
You will be redirected to the NY.GOV sign-in page. Enter your NY.GOV Business Account username and password. Click the "Sign In" button. NOTE: If you have forgotten your log-in credentials, click the "Forgot Username?" Or "Forgot Password?" hyperlinks below.	
From your dashboard home page, locate the blue navigation header at the top of the screen. Click on the "Change Password" hyperlink.	

	
You will be redirected to the password modification form. Fill out the required credential fields. NOTE: Passwords must contain at least three out of the four categories—(1 digit, 1 uppercase, 1 lowercase, 1 special)—and have a minimum length of 14 characters.	

The password update process is now complete. You will see a success page stating: "Your password has been changed successfully."

Click "Continue" to finish.



Complete the Registration Process for your Agency

Once logged into the ARRS Portal, you can now begin the Registration Application process.

On the “My Agencies” homepage of the ARRS Portal, click the “Create New Registration” button.	
Before you begin your Temporary Health Care Staffing Agency registration, you will see a message telling you that you will be added as the first authorized user into the ARRS system for the agency you are registering, and that you can add other Authorized Users during or after the registration process. Authorized Users will be able to access the agency's information in the ARRS Portal after logging in using their NY.GOV Business Account credentials.	

You will now begin the application process.

NOTE: If you are unable to complete the application in one sitting, you can come back to the portal at a later time and see this application on the home “My Agencies” page. Your saved progress from previous sessions will be retained.

In the first step of the Agency Registration process, you will provide the following Agency Info:

- Registration Year
- Federal Employer Identification Number (FEIN) (NOTE: the system will check if this FEIN already exists in the system)
- Agency Legal Name
- State of Organization or Incorporation
- Agency Assumed Names (if applicable)
- Whether this agency is a traditional brick-and mortar business or an electronic online technology platform

Before clicking “Save and Next”, please

Agency Registration

Step 1 of 8 — Agency Information

- 1 Agency Info In progress
- 2 Headquarters and Site Addresses
- 3 Controlling Person
- 4 Authorized Users
- 5 NYS Health Care Agency - Entity Relationships
- 6 Documents
- 7 Review and Make Payment
- 8 Attestation

Agency Information

Registration Year *

Aug 1 2026 through Jul 31 2027

FEIN *

12-3456789

Agency Legal Name *

ABC Health Agency

State of Organization or Incorporation *

NY

Agency Assumed Name 1

ABC Health

Agency Assumed Name 2

Alphabet Healthcare Agency

Agency Assumed Name 3

Which response best describes your business? *

Traditional brick-and-mortar business

Save and Next

confirm that you have entered the correct FEIN and Agency Legal Name. Once proceeding, you will no longer be able to edit these fields.

In the second step, you will provide Headquarters and Site Addresses for your agency. Click “Create New Address” to add an address.

A quick add form will appear, prompting you to enter the following information:

- Address Type (Site Address or Headquarters)
- Full Address (with auto population assistance)

If you are entering a site address, you will also be prompted to enter the following:

- Site Administrator First Name
- Site Admin Last Name
- Site Admin Mobile
- Site Admin Email

Agency Registration - ABC Health Agency
Step 2 of 8 — Site and Location Details

1 Agency Info

2 Headquarters and Site Addresses
In progress

3 Controlling Person

4 Authorized Users

5 NY's Health Care Agency - Entity Relationships

6 Documents

7 Review and Make Payment

8 Attestation

Headquarters and Site Addresses

Each Agency must identify the address of their headquarters. Enter addresses for satellite Sites only if you have them.

Create New Address

Full Address	Address Type	Site Admin First Name	Site Admin Last Name	Site Admin Email	Site Admin Mobile
There are no records to display					

Previous

Save and Next

Headquarters and Site Addresses

Address Type *

Site Address

Full Address *

150 Broadway Ste 355 Albany, NY 12204

Address fields populated. Review and save when ready.

Site Administrator First Name *

Jane

Site Admin Last Name *

Doe

Site Admin Mobile

(123) 456-7890

Site Admin Email

janedoe@abcchealth.com

Save

Once all information is provided, click the “Save” button.

Repeat the previous step until all addresses are provided. You must provide the Headquarters address before proceeding.

Press “Save and Next” to proceed to Step 3.

Agency Registration - ABC Health Agency
Step 2 of 8 — Site and Location Details

1 Agency Info

2 Headquarters and Site Addresses

3 Controlling Person

4 Authorized Users

5 NYS Health Care Agency - Entity Relationships

6 Documents

7 Review and Make Payment

8 Attestation

Headquarters and Site Addresses

Each Agency must identify the address of their headquarters. Enter addresses for satellite Sites only if you have them.

Create New Address

Full Address	Address Type	Site Admin First Name	Site Admin Last Name	Site Admin Email	Site Admin Mobile
150 Broadway Ste 305 Albany, NY 12244	Site Address	Jane	Doe	jane.doe@abchealth.com	(123) 456-7890
1145 Broomfield Ave Ste 10 Clifton, NJ 07012	Headquarters				

Previous Save and Next

In the third step, you will provide a list of Controlling Persons for your agency.

The definition of Controlling Person is provided in this section to ensure that the correct individuals are added.

Click “Add Controlling Person” to begin adding.

Agency Registration - ABC Health Agency
Step 3 of 8 — Controlling Person

1 Agency Info

2 Headquarters and Site Addresses

3 Controlling Person

4 Authorized Users

5 NYS Health Care Agency - Entity Relationships

6 Documents

7 Review and Make Payment

8 Attestation

Controlling Person

Add controlling persons using the grid below.

“Controlling Person” means a person, officer, program administrator, or director whose responsibilities include the direction of the management or policies. “Controlling person” also means an individual who directly owns at least ten percent voting interest in a corporation, partnership, or other business entity that is a controlling person.

Add Controlling Person

First Name	Last Name	Email	Mobile
There are no records to display			

Previous Save and Next

A quick add form will appear. In this form, you will provide the following information for the controlling person:

- Select one of the following applicable to the controlling person: directs the management and/or policies, owns at least 10% of the agency, or both

Additionally, you will provide their first and last name, email address, mobile phone number, and home address.

Click “Save”, then repeat this process until you have added all controlling persons.

Controlling Person

Select One *

Directs the management and/or policies

First Name *

Robert

Last Name *

Adams

Email *

nima.shafikhani+06072@its.ny.gov

Mobile

(345) 678-9012

Home Full Address *

12345 135th St South Ozone Park, NY 11420

Save

Repeat the previous step until all Controlling Persons are provided.

Press “Save and Next” to proceed to Step 4.

Controlling Person

Add controlling persons using the grid below.

“Controlling Person” means a person, officer, program administrator, or director whose responsibilities include the direction of the management or policies. “Controlling person” also means an individual who directly owns at least ten percent voting interest in a corporation, partnership, or other business entity that is a controlling person.

Add Controlling Person

First Name	Last Name	Email	Mobile	Select One	
Robert	Adams	nima.shafikhani+06072@its.ny.gov	(345) 678-9012	Directs the management and/or policies	Edit Delete
Anna	Smith	nima.shafikhani+06071@its.ny.gov	(234) 567-8901	Owens at least ten percent	Edit Delete
Jalen	Brunson	nima.shafikhani+06121@its.ny.gov	(123) 132-1313	Directs the management and/or policies AND owns at least ten percent	Edit Delete

← Previous

Save and Next

In the fourth step, you will provide a list of Authorized Users for your agency.

Please note: The creator of the registration application cannot be removed as an authorized user, and their name will remain attached to this registration application. To remove this person as a user from the agency, refer to the “Manage Agency Users” section of this user guide.

Click “Add Authorized User” to begin adding.

First Name	Last Name	Email	Mobile
Nima	Shaikhani	nima.shaikhani-0604@its.ny.gov	4156136487

A quick add form will appear. In this form, you will provide the following information for the controlling person:

- First Name
- Last Name
- Email
- Mobile Number

Once all information is provided, click “Save”.

First Name *
Jalen

Last Name *
Brunson

Email *
nima.shaikhani+06073@its.ny.gov

Mobile
(345) 678-9012

Save

Repeat the previous step until all Authorized Users are provided.

Press “Save and Next” to proceed to Step 5.

The screenshot shows the 'Authorized Users' step of the registration process. On the left is a vertical progress bar with steps 1 through 8. Steps 1-4 are completed, and step 5, 'Authorized Users', is currently active. The main content area is titled 'Authorized Users' and includes a sub-header 'Review and update authorized users using the grid below.' There is an 'Add Authorized User' button in the top right. Below this is a table with columns: First Name, Last Name, Email, and Mobile. Two users are listed: Nima Shaikhani and John Brunson. Each row has 'Edit' and 'Delete' buttons. At the bottom left is a 'Previous' button, and at the bottom right is a 'Save and Next' button.

First Name	Last Name	Email	Mobile
Nima	Shaikhani	nima.shaikhani+0504@nys.ny.gov	4156136467
John	Brunson	nima.shaikhani+06073@nys.ny.gov	(345) 678-9912

In the fifth step, you will provide a list of NYS Health Care Entity Relationships for your agency.

If none of your agency’s owners, Controlling Persons, or any of their family members have any relationship or direct the management or policies of an NYS Health Care Entity, you can select the “No” radio button and proceed to step six.

Otherwise, click “Add New Entity” to begin adding.

The screenshot shows the 'NYS Health Care Agency - Entity Relationships' step. The progress bar on the left shows step 5 as active. The main content area is titled 'NYS Health Care Agency - Entity Relationships' with a sub-header 'Answer the question below. If you select Yes, identify each NYS Health Care Entity using the grid.' A question is posed: 'Does any Agency Owner or Controlling Person, or any of their family members, have an ownership relationship or direct the management or policies of a NYS Health Care Entity, such as a hospital or a nursing home?' with 'No' and 'Yes' radio buttons. The 'Yes' button is selected. Below the question is an 'Add New Entity' button. A table with columns 'Controlling Person', 'Agency Owner's or Controlling Person's Family Name', 'Entity Name', 'PFI', and 'Full Address' is shown. The table is empty, and a message 'There are no records to display' is centered at the bottom of the table area.

A quick add form will appear. In this form, you will provide the following information of the entity relationship:

- Specify whether this is a Controlling Person or one of their family members who has a relationship to a NYS Health Care Entity.
- Specify the relevant Controlling Person in the lookup field (the name of the lookup field will either be "Identify the pertinent Controlling Person from the list" or "A Family Member of an Agency Controlling Person" based on the response provided to the first question)
- NYS Health Care Entity Name (a dropdown list of suggested NYS Health Facilities will appear as you start typing, but you can provide a facility not included in the list as well)
- Permanent Facility Identifier (PFI) (this field will be auto populated if the Entity Name was selected from the dropdown list)
- Full Address (this field will be auto populated if the Entity

To whom is the NYS Health Care Entity related? Select one response:

☒ An Agency Controlling Person

☐ A Family Member of an Agency Controlling Person

Identify the pertinent Controlling Person from the list:

Robert Adams

x

Q

Entity Name *

1 of a Kind Home Health Care L.L.C.

PFI

13973

Entity details populated from the NYS facility list.

Full Address *

141-40 Union Turnpike Flushing New York 11367

☒ A Family Member of an Agency Controlling Person

A Family Member of an Agency Controlling Person

Anna Smith

x

Q

Entity Name *

XYZ Health Care Entity

PFI

14001

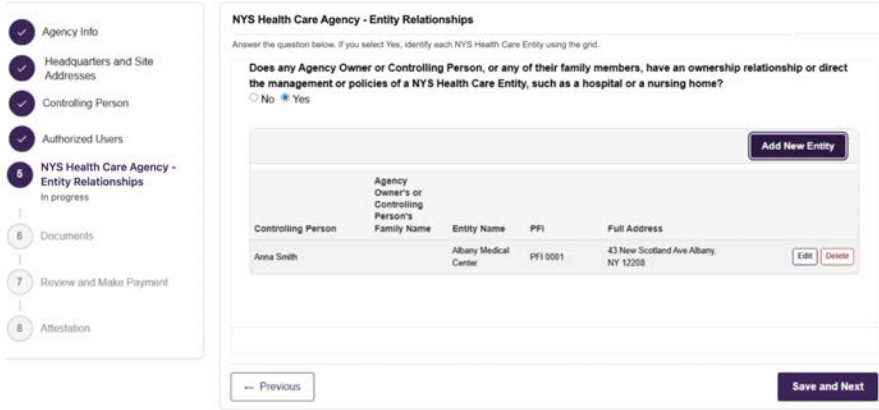
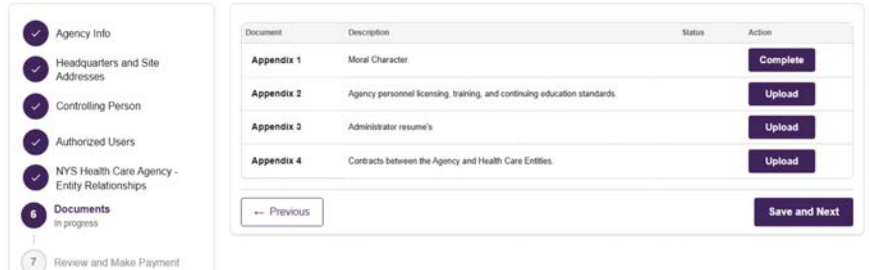
No matching NYS facilities found. Continue entering the entity details manually.

Full Address *

123214 Ew 26 Rd Balko, NY 73931

Save

30

Name was selected from the dropdown list) Once all details are provided, click the “Save” button.	
Repeat the previous step until all NYS Health Care Entity relationships are specified. Press “Save and Next” to proceed to Step 6.	
In the sixth step, you will provide the following documents: - Appendix 1: Moral Character Attestation (instead of uploading a document, you will be completing a form by clicking the Complete button and following the step immediately below) - Appendix 2: Agency personnel licensing, training, and continuing education standards - Appendix 3: Administrator resumes - Appendix 4: Contracts between the Agency and Health Care Entities (NOTE:	

Appendix 4 will be left open for updates throughout the registration year, documents can be uploaded for this document at any time. Other appendices will only allow uploads during the application process.)

One by one, click the “Upload” button and provide these appendices.

For Appendix 1, you will complete the Moral Character Attestation.

You will begin by answering five yes/no questions regarding your criminal history.

Please note: This form must be completed by an authorized user or a controlling person.

In the sixth yes/no question, you will be asked to confirm that you will comply with all laws and regulations applicable to the Registration of Temporary Health Care Services Agencies and Health Care Technology Platforms.

Agency Registration - ABC Health Agency

Step 6 of 8 — Moral Character Attestation

Moral Character Attestation

This form may be completed by an authorized user or a controlling person. Questions related to this form can be sent to TempAgencyRegistration@health.ny.gov.

AGENCY LEGAL NAME

ABC Health Agency

EMPLOYER IDENTIFICATION NUMBER (EIN)

38-4490324

Answer each question below. Select Yes or No for every statement. You must answer Yes to statement 6 to confirm your agreement to comply with applicable laws and regulations.

STATEMENT	YES	NO
1. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	☐	☒
2. Are criminal charges pending against you in any court?	☐	☒
3. Has any licensing or disciplinary authority refused to issue you a license, or ever revoked, annulled, canceled, accepted surrender of, suspended, placed on probation, or refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you?	☐	☒
4. Are charges pending against you in any jurisdiction for any sort of professional misconduct?	☐	☒
5. Have you ever willfully failed to provide records to any State Licensing authority or to Federal, State or Local law enforcement officials that are required by Federal, State or Local laws?	☐	☒
6. Do you agree to comply with all laws and regulations applicable to the Registration of Temporary Health Care Services Agencies and Health Care Technology Platforms?	☒	☐

Explain below if you answered Yes to any of questions 1 through 5.

Review the final acknowledgement and check the box to continue.

☒ I attest that the information submitted is true, accurate, and complete to the best of my knowledge.

I understand that the Department may use the information collected on this form to determine whether to register the agency applicant as a temporary health care services agency in New York State. I understand that any falsification, omission, or concealment of information may subject myself and/or the above-named agency applicant to administrative, civil, or criminal liability, penalties, and/or fines.

Printed Name of Person Attesting

Nima Shafikhani

Title

Date

06/22/2026

← Back to Documents

Save and Return

32

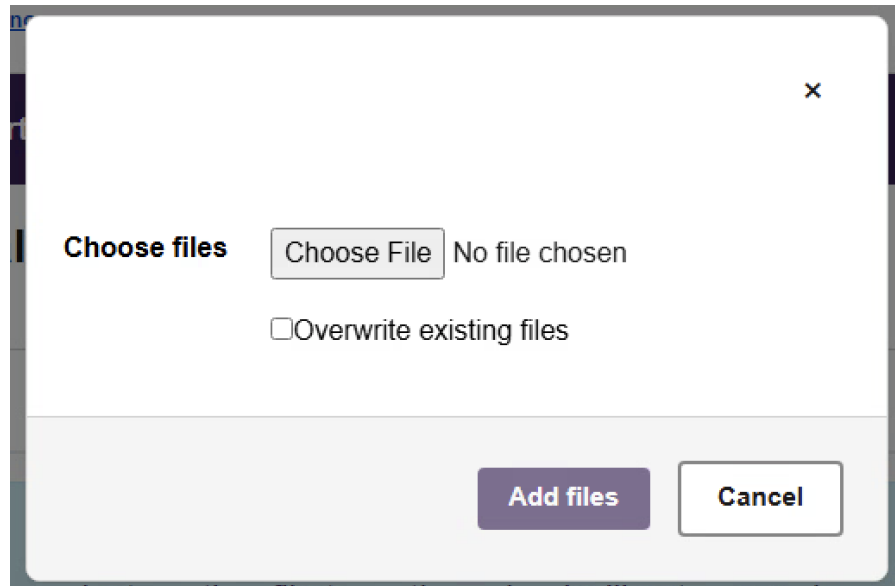
If you answered yes to any of the questions 1-5, you will be asked to provide additional context in the explanation field directly below. Once all of the information above has been provided, you will select a checkbox to confirm that you have attested the information to the best of your knowledge, which will automatically populate your name and the date of confirmation at the bottom of the page. Select Save and Return to continue, and click the Upload buttons next to Appendices 2, 3, and 4 one by one.	
For Appendices 2, 3, and 4, you will click the “Add Files” button. NOTE: PDF is the only supported file type.	Agency Registration - ABC Health Agency Step 6 of 8 — Document Upload Upload Document Accepted file type: PDF only (.pdf) Upload one PDF for this Appendix. If you select another file type, the upload will not proceed. Document Type Appendix 4 Description Contracts between the Agency and Health Care Entities. Add files

You will then be prompted to choose a file from your device to upload. If the file you are uploading is meant to replace a file of the same name, select the “Overwrite existing files” checkbox before adding the file.

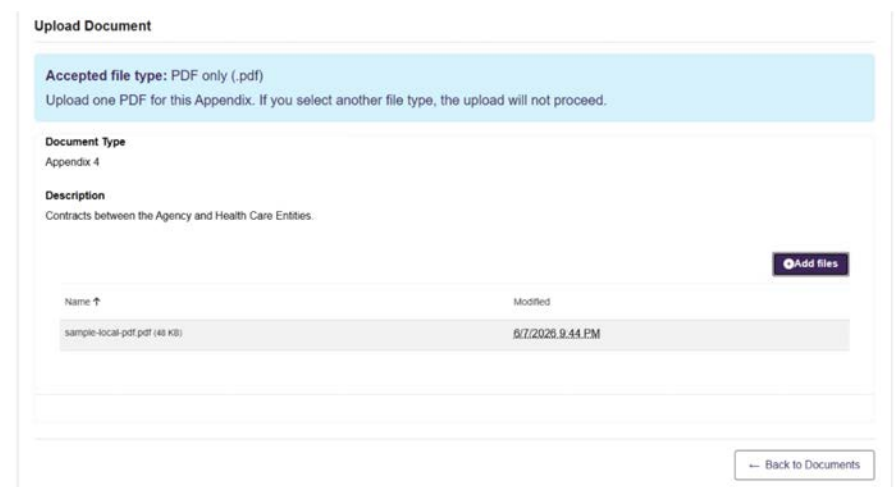
Once the file has been added, click the “Add Files” button.

Repeat the previous step until all files are added for the respective document type.

Then, click the “Back to Documents” button to upload other document types and repeat the same process.

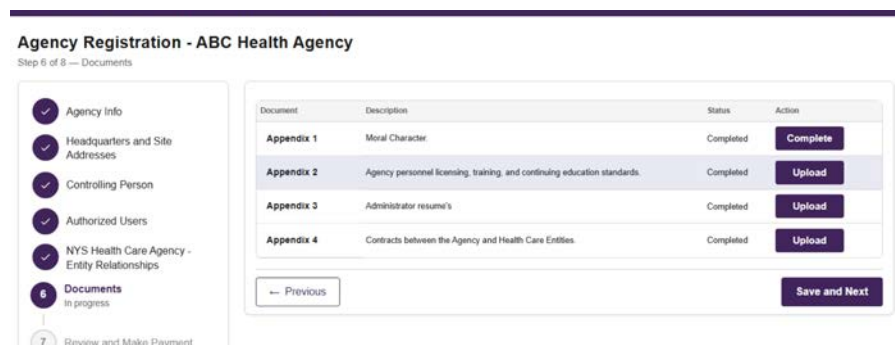


A modal dialog for choosing files. It has a close button (X) in the top right. The main text says "Choose files" followed by a "Choose File" button and "No file chosen". Below this is a checkbox labeled "Overwrite existing files". At the bottom are two buttons: "Add files" (purple) and "Cancel" (white with a grey border).



An "Upload Document" form. It has a light blue header bar with the text "Accepted file type: PDF only (.pdf)" and "Upload one PDF for this Appendix. If you select another file type, the upload will not proceed." Below this, it says "Document Type" and "Appendix 4". Then "Description" and "Contracts between the Agency and Health Care Entities." There is a table with two columns: "Name" and "Modified". The table has one row: "sample-local-pdf.pdf (48 KB)" and "6/7/2026 9:44 PM". To the right of the table is a purple "Add files" button. At the bottom right is a button labeled "Back to Documents".

Once you have provided all of the requested documents, click “Save and Next” to proceed to Step 7.



A summary screen titled "Agency Registration - ABC Health Agency" with the subtitle "Step 6 of 8 — Documents". On the left is a vertical list of steps: Agency Info, Headquarters and Site Addresses, Controlling Person, Authorized Users, NYS Health Care Agency - Entity Relationships, Documents (in progress), and Review and Make Payment. The main area shows a table of documents:

Document	Description	Status	Action
Appendix 1	Moral Character	Completed	Complete
Appendix 2	Agency personnel licensing, training, and continuing education standards	Completed	Upload
Appendix 3	Administrator resume/s	Completed	Upload
Appendix 4	Contracts between the Agency and Health Care Entities	Completed	Upload

At the bottom left is a "Previous" button and at the bottom right is a "Save and Next" button.

In the seventh step, you will be prompted to pay the registration fee. Click “Make Payment”. You will be redirected out of the ARRS Portal and into the payment gateway.

In the payment gateway page, provide your card details, name, and billing contact information.

Once you have provided this information, click “Submit Payment”.

Once the payment has been submitted, you will be redirected back to the ARRS Portal.

If you have successfully made a payment, you will see the payment details and be notified that your payment was successfully processed.

If your payment did not successfully go through, you will still see the “Make Payment” button and need to try again.

Click “Save and Next” to proceed to the final Attestation step.

In the Attestation page, you will review each statement. In order to submit your application, each statement must be acknowledged and checked.

NOTE: The Attestation can be done by both Controlling Persons and Authorized Users

For final confirmation, select the checkbox next to the following statement:

“I attest that the information submitted is true, accurate, and complete to the best of my knowledge.”

Once you select that checkbox, your name will automatically be printed in the field below, along with today's date. This confirms that you have acknowledged and agreed to all terms and conditions in the attestation.

Agency Info

Headquarters and Site Addresses

Controlling Person

Authorized Users

NYS Health Care Agency - Entity Relationships

Documents

Review and Make Payment

Attestation In progress

Agency Info

Headquarters and Site Addresses

Controlling Person

Authorized Users

NYS Health Care Agency - Entity Relationships

Documents

Review and Make Payment

Attestation In progress

Attestation

Review each statement and check the box to acknowledge.

ACKNOWLEDGE	STATEMENT
☒	1. The Agency shall document that each health care personnel referred to, provided to, or contracted with health care entities currently meets the minimum licensing, training, and continuing education standards for the position in which the health care personnel will be working.
☒	2. Agency does not restrict employment opportunities of personnel and does not require the payment of liquidated damages, employment fees, or other compensation should personnel be hired as a permanent employee.
☒	3. Agency shall retain all records related to health care personnel for six calendar years and make them available to the Department upon request.
☒	4. Agency will comply with any request made by Department to examine records of the Agency, subpoena witnesses and documents, and make other investigations as is necessary.
☒	5. Agency shall appoint an administrator qualified by training, experience, or education to operate the Agency. Each separate Agency location shall have its own administrator.
☒	6. Agency shall maintain a written agreement or contract with each health care entity and the rates to be charged by the temporary health care services agency will be included in the agreement/contract.
☒	7. Contracts shall identify the minimum licensing, training, and continuing education requirements for each assigned health care personnel.
☒	8. Any requirement for minimum advance notice to ensure prompt arrival of assigned health care personnel will be included in the contract.
☒	9. The maximum rates that can be billed or charged by the temporary health care services agency will be included in the contract.
☒	10. Any responsibilities for minimum advance notice to ensure prompt arrival of assigned health care personnel will be included in the contract.
☒	9. The maximum rates that can be billed or charged by the temporary health care services agency will be included in the contract.
☒	10. Procedures for notice from health care entities of failure of medical personnel to report to assignments will be included in the contract.
☒	11. Procedures for the investigation and resolution of complaints about the performance of the temporary health care services agency personnel will be included in the contract.
☒	12. Procedures for notice of actual or suspected abuse, theft, tampering or other diversion of controlled substances by medical personnel will be included in the contract.
☒	13. The types and qualifications of health care personnel available for assignment through the temporary health care services agency will be included in the contract.

Review the final acknowledgment and check the box to continue.

☒ I attest that the information submitted is true, accurate, and complete to the best of my knowledge.

Consistent with Article 29-A of the Public Health Law ("Registration of Temporary Health Care Services Agencies and Health Care Technology Platforms"), the individual authorized by the above-named Agency to submit this form attests that the information submitted is true, accurate, and complete to the best of their knowledge. The information collected will be used to register the Agency as a temporary health care services agency in New York State. I understand that any falsification, omission, or concealment of information may subject the above-named agency and/or its controlling person(s) to administrative, civil, or criminal liability, penalties, and/or fines.

Printed name

Nima Shafikhani

Date

06/05/2026

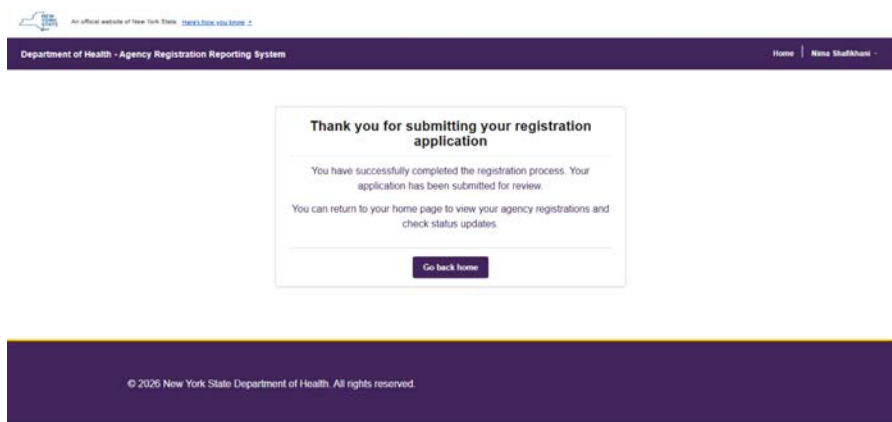
← Previous

Submit

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Click "Submit" to finalize your registration application.

You will be redirected to a success page, confirming that you have submitted your registration application. You can return to the ARRS home page by clicking the "Go back home" button. Here, you will be able to view status updates for this registration application.



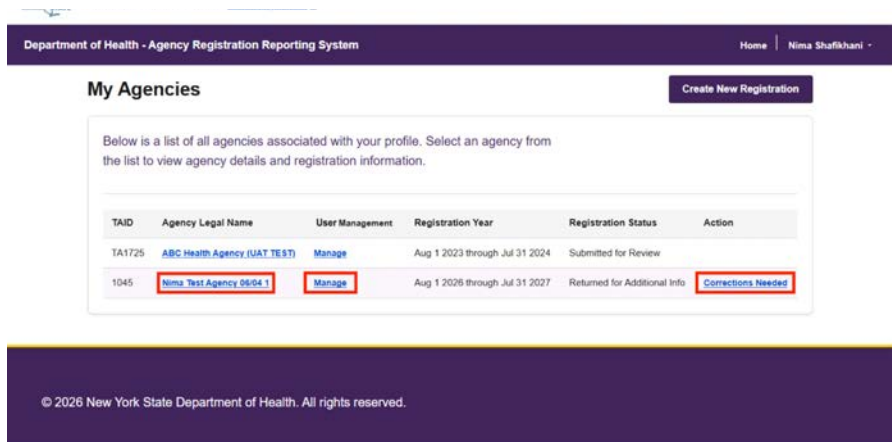
On your "My Agencies" dashboard home page, locate the target agency from your associated list to monitor its registration information.

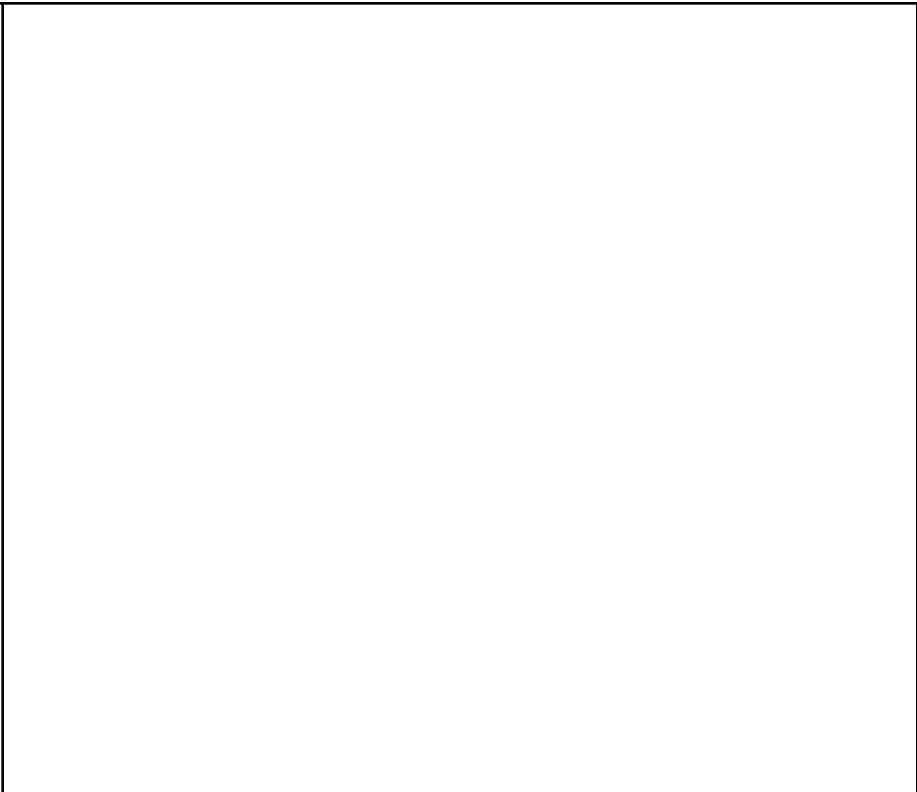
Here, you will see the registration status of the most recent registration year, along with the agency's registration status.

You can do the following as well:

Click the Agency Legal Name hyperlink to view its historical registration records.

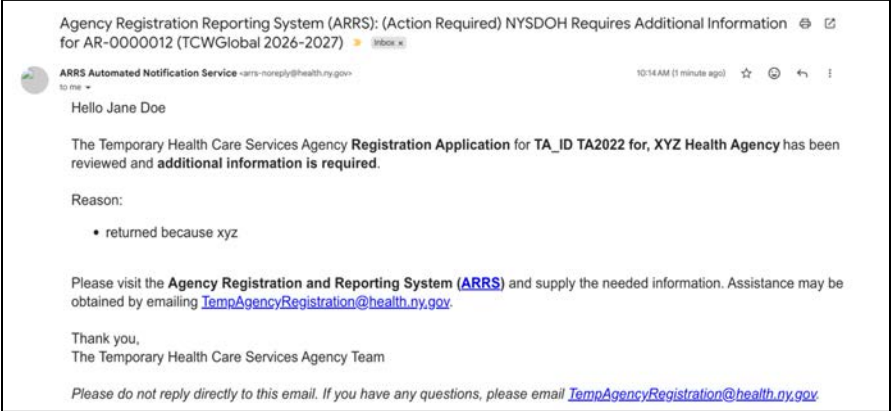
Click the "Manage" hyperlink under User Management to manage user access to



the agency information in the ARRS Portal. If an Agency or its registration requires any actions, a hyperlink will appear under the “Action” column. In the example screenshot to the right, you can see that an application was returned to you for revisions. Click the "Corrections Needed" hyperlink under the Action column to modify your submission.	
---	--

Make Corrections to your Registration Application

In the ARRS Portal, you can make corrections and provide additional information to your application if requested by NYS DOH.

If NYS DOH needs corrections or additional information from your registration application, you will receive an email requesting you to make updates. Please note: If you believe the requested corrections are not needed, you may log back into the portal and resubmit your existing application exactly as-is without making any changes. Follow along in the proceeding steps to see how you can resubmit.	
Navigate to the ARRS Portal URL on the right, and log in using your NY.GOV business account credentials associated with this registration application.	https://arrs.health.ny.gov

Once logged in and automatically redirected to the “My Agencies” page, you will see a blue hyperlink with the label “Corrections Needed” displayed in the Action column and associated with your registration application which needs corrections.

Click that hyperlink to begin editing your registration application.

You will be redirected to the registration application form and land on the “Agency Info” step. In steps 1-6, you will see a purple banner informing you to review the returned reason and reviewer comments below (also included in this purple banner). Once reviewing the returned reason and reviewer comments, make the requested changes/updates.

Please note: You do not need to complete the payment and attestation steps again. To resubmit this application, navigate to the “Documents” step

 An official website of New York State [Here's how you know](#)

Department of Health - Agency Registration and Reporting System

HomeJane Doe

My Agencies

Create New Registration

Below is a list of all agencies associated with your profile. Select an agency from the list to view agency details and registration information.

TAID	Agency Legal Name	User Management	Registration Year	Registration Status	Action
TA1986	XYZ Health Agency	Manage	Aug 1 2026 through Jul 31 2027	Returned for Additional Info	Corrections Needed

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Agency Registration

Step 1 of 8 — Agency Information

1 Agency Info

In progress

2 Headquarters and Site Addresses

3 Controlling Person

4 Authorized Users

5 NYS Health Care Agency - Entity Relationships

6 Documents

7 Review and Make Payment

8 Attestation

Agency Information

Your registration application has been returned for review. Please review the returned reason and reviewer comments below, navigate to the appropriate steps to make your changes, and resubmit when complete.

Please note: You do not need to complete the payment and attestation steps again. To resubmit this application, navigate to the "Documents" step and click the "Resubmit Application" button.

Additionally, you will not be able to update the TA ID, FEIN, and Agency Legal Name.

RETURNED REASON

Missing Document

RETURNED COMMENTS

returned because xyz

Registration Year *

Aug 1 2026 through Jul 31 2027

FEIN *

58-7642258

Selected: XYZ Health Agency

TA ID *

TA1986

Agency Legal Name *

XYZ Health Agency

State of Organization or Incorporation *

AL

and click the “Resubmit Application” button.

In the Agency Info step, you will not be able to update the TA ID, FEIN, and Agency Legal Name. All other responses in this step can be changed.

In the “Headquarters and Site Address” step, you will be able to edit and delete headquarters and site address information.

Step 2 of 8 — Headquarters and Site Addresses

✓ Agency Info

2 Headquarters and Site Addresses
In progress

✓ Controlling Person

✓ Authorized Users

✓ NYS Health Care Agency - Entity Relationships

✓ Documents

7 Review and Make Payment

8 Attestation

Headquarters and Site Addresses

Each Agency must identify the address of their headquarters. Enter addresses for satellite Sites only if you have them.

Your registration application has been returned for review. Please review the returned reason and reviewer comments below, navigate to the appropriate steps to make your changes, and resubmit when complete.

Please note: You do not need to complete the payment and attestation steps again. To resubmit this application, navigate to the “Documents” step and click the “Resubmit Application” button.

Additionally, you will not be able to update the TA ID, FEIN, and Agency Legal Name.

RETURNED REASON

Missing Document

RETURNED COMMENTS

returned because xyz

Create New Address

Full Address	Address Type	Site Admin First Name	Site Admin Last Name	Site Admin Email	Site Admin Mobile	
23123 125th Ave Springfield Gardens, NY 11413	Site Address	Nima	Shafihani	test@test.com	(415) 613-3665	Edit Delete
10123 Avenue J Brooklyn, NY 11236	Headquarters					Edit Delete

[← Previous](#) [Save and Next](#)

In the “Controlling Person” step, you will be able to edit and delete controlling person information.

Step 3 of 8 — Controlling Person

✓ Agency Info

✓ Headquarters and Site Addresses

3 Controlling Person
In progress

✓ Authorized Users

✓ NYS Health Care Agency - Entity Relationships

✓ Documents

7 Review and Make Payment

8 Attestation

Controlling Person

Add controlling persons using the grid below.

“Controlling Person” means a person, officer, program administrator, or director whose responsibilities include the direction of the management or policies. “Controlling person” also means an individual who directly owns at least ten percent voting interest in a corporation, partnership, or other business entity that is a controlling person.

Your registration application has been returned for review. Please review the returned reason and reviewer comments below, navigate to the appropriate steps to make your changes, and resubmit when complete.

Please note: You do not need to complete the payment and attestation steps again. To resubmit this application, navigate to the “Documents” step and click the “Resubmit Application” button.

Additionally, you will not be able to update the TA ID, FEIN, and Agency Legal Name.

RETURNED REASON

Missing Document

RETURNED COMMENTS

returned because xyz

Add Controlling Person

First Name	Last Name	Email	Mobile	Controlling Function	
sharah	sharath	sharah.3466@gmail.com	(732) 989-3466	Directs the management and/or policies AND owns at least ten percent	Edit Delete

[← Previous](#) [Save and Next](#)

In the “Authorized Users” step, you will be able to edit and delete authorized user information.

Please note: The creator of the registration application cannot be removed as an authorized user, and their name will remain attached to this registration application. To remove this person as a user from the agency, refer to the “Manage Agency Users” section of this user guide.

Step 4 of 8 — Authorized Users

- Agency Info
- Headquarters and Site Addresses
- Controlling Person
- Authorized Users
- NYS Health Care Agency - Entity Relationships
- Documents
- Review and Make Payment
- Attestation

Authorized Users

Use the grid below to provide access for other people to see this Agency.

Your registration application has been returned for review. Please review the returned reason and reviewer comments below, navigate to the appropriate steps to make your changes, and resubmit when complete.

Please note: You do not need to complete the payment and attestation steps again. To resubmit this application, navigate to the “Documents” step and click the “Resubmit Application” button.

Additionally, you will not be able to update the TA ID, FEIN, and Agency Legal Name.

RETURNED REASON

Missing Document

RETURNED COMMENTS

returned because xyz

Add Authorized User

First Name	Last Name	Email	Mobile	
Nima	Shafiqham	nima@test.com	(141) 961-3646	Edit Delete
Sharath	Srinivasu	sharath.3456@gmail.com		

← Previous

Save and Next

In the “NYS Health Care Agency - Entity Relationships” step, you will be able to edit and delete Agency - Entity Relationship information.

- Agency Info
- Headquarters and Site Addresses
- Controlling Person
- Authorized Users
- NYS Health Care Agency - Entity Relationships
- Documents
- Review and Make Payment
- Attestation

NYS Health Care Agency - Entity Relationships

Answer the question below. If you select Yes, identify each NYS Health Care Entity using the grid.

Your registration application has been returned for review. Please review the returned reason and reviewer comments below, navigate to the appropriate steps to make your changes, and resubmit when complete.

Please note: You do not need to complete the payment and attestation steps again. To resubmit this application, navigate to the “Documents” step and click the “Resubmit Application” button.

Additionally, you will not be able to update the TA ID, FEIN, and Agency Legal Name.

RETURNED REASON

Missing Document

RETURNED COMMENTS

returned because xyz

Add New Entity

Controlling Person	A Family Member of an Agency Controlling Person	Entity Name	PFI	Full Address	
sharath.srinivasu		GA Healthcare Entity	7796120	100 State Street Albany NY 12207	Edit Delete
		751454			

← Previous

Save and Next

In the “Documents” Step, you will be able to edit your answers provided in Appendix 1 (Moral Character Attestation) and upload additional documentation for appendices 2, 3, and 4.

Please note: When this application was in draft (before it was submitted), you could delete existing files or select "Overwrite" (which would replace an existing file with the same name as the one being uploaded). Since this application has been returned for corrections, files can no longer be deleted or overwritten, so you must upload revised files with a slightly modified file name (e.g., "example_v2.pdf instead of example.pdf").

Step 6 of 8 — Documents

- ✓ Agency Info
- ✓ Headquarters and Site Addresses
- ✓ Controlling Person
- ✓ Authorized Users
- ✓ NYS Health Care Agency - Entity Relationships
- 6 Documents in progress**
- 7 Review and Make Payment
- 8 Attestation

Your registration application has been returned for review. Please review the returned reason and reviewer comments below, navigate to the appropriate steps to make your changes, and resubmit when complete.

Please note: You do not need to complete the payment and attestation steps again. To resubmit this application, navigate to the “Documents” step and click the “Resubmit Application” button.

Additionally, you will not be able to update the TA ID, FEIN, and Agency Legal Name.

RETURNED REASON
Missing Document

RETURNED COMMENTS
returned because xyz

Document	Description	Status	Action
Appendix 1	Moral Character	Completed	Complete
Appendix 2	Agency personnel licensing, training, and continuing education standards	Completed	Upload
Appendix 3	Administrator resume/s	Completed	Upload
Appendix 4	Contracts between the Agency and Health Care Entities	Completed	Upload

[← Previous](#) [Resubmit Application](#)

Once you have made all the corrections needed, click the “Resubmit Application” button in the Documents step.

Step 6 of 8 — Documents

- ✓ Agency Info
- ✓ Headquarters and Site Addresses
- ✓ Controlling Person
- ✓ Authorized Users
- ✓ NYS Health Care Agency - Entity Relationships
- 6 Documents in progress**
- 7 Review and Make Payment
- 8 Attestation

Your registration application has been returned for review. Please review the returned reason and reviewer comments below, navigate to the appropriate steps to make your changes, and resubmit when complete.

Please note: You do not need to complete the payment and attestation steps again. To resubmit this application, navigate to the “Documents” step and click the “Resubmit Application” button.

Additionally, you will not be able to update the TA ID, FEIN, and Agency Legal Name.

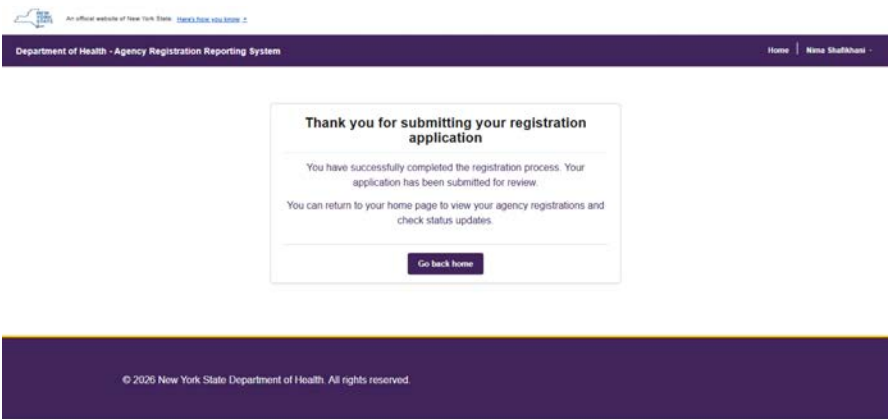
RETURNED REASON
Missing Document

RETURNED COMMENTS
returned because xyz

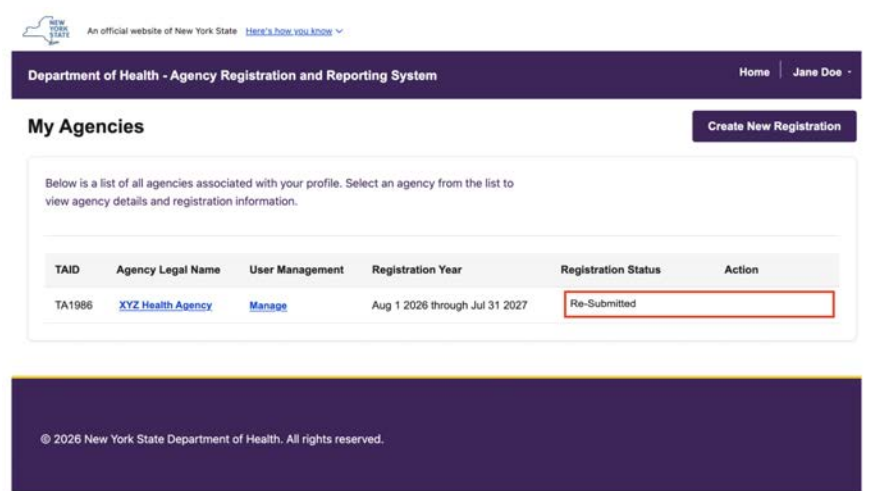
Document	Description	Status	Action
Appendix 1	Moral Character	Completed	Complete
Appendix 2	Agency personnel licensing, training, and continuing education standards	Completed	Upload
Appendix 3	Administrator resume/s	Completed	Upload
Appendix 4	Contracts between the Agency and Health Care Entities	Completed	Upload

[← Previous](#) [Resubmit Application](#)

You have now successfully resubmitted your registration application. Click “Go back home” to return to the “My Agencies” page.



You will see that the registration application has been resubmitted, and there are no pending actions. This application will now be reviewed by NYS DOH and is locked from all edits.



View Agency Registration History

In the ARRS Portal, you can view the history of your agency's registrations from different registration years.

On the “My Agencies” homepage of the ARRS Portal, locate the list of Agencies associated with your profile.

Click the Agency Legal Name of the agency you would like to review.

Department of Health - Agency Registration Reporting System

Home | Nima Shafikhani

My Agencies

Create New Registration

Below is a list of all agencies associated with your profile. Select an agency from the list to view agency details and registration information.

TAID	Agency Legal Name	User Management	Registration Year	Registration Status	Action
TA1725	ABC Health Agency (UAT TEST)	Manage	Aug 1 2023 through Jul 31 2024	Submitted for Review	
1045	Nima Test Agency 06/04 1	Manage	Aug 1 2026 through Jul 31 2027	Returned for Additional Info	Corrections Needed

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You will automatically be directed to the “All Registrations” tab for the agency you’ve selected.

Within this tab, there will be a row for every registration/registration application for this agency in the system.

Department of Health - Agency Registration Reporting System

Home | Nima Shafikhani

← Back to My Agencies

Nima Test Agency 06/04 1 · FEIN: 12-3415148 · TAID: 1045

All Registrations | Manage Users

All registration records associated with this agency are listed below.

Registration Year	Status	Submitted Date	Action
Aug 1 2026 through Jul 31 2027	Returned for Additional Info	06/09/2026	Corrections Needed

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Manage Agency Users

In the ARRS Portal, you can view and manage your agency's users.

On the “My Agencies” homepage of the ARRS Portal, locate the list of Agencies associated with your profile.

Click the “Manage” hyperlink of the agency you would like to manage.

Department of Health - Agency Registration Reporting System

Home | Nima Shafikhani

My Agencies

Create New Registration

Below is a list of all agencies associated with your profile. Select an agency from the list to view agency details and registration information.

TAID	Agency Legal Name	User Management	Registration Year	Registration Status	Action
TA1725	ABC Health Agency (UAT TEST)	Manage	Aug 1 2023 through Jul 31 2024	Submitted for Review	
1045	Nima Test Agency 06/04/1	Manage	Aug 1 2026 through Jul 31 2027	Returned for Additional Info	Corrections Needed

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You will automatically be directed to the “Manage Users” tab for the agency you’ve selected.

Within this tab, there will be a row for every agency user. This list will include controlling persons and authorized users that were added during the registration application process.

Here, you can edit and delete existing users, or add new users by clicking “Add Users”, which will open a quick add form requesting for user information. You can add multiple users one-by-one, clicking

← Back to My Agencies

ABC Health Agency (UAT TEST) - FEIN: 10-2938475 - TAID: TA1725

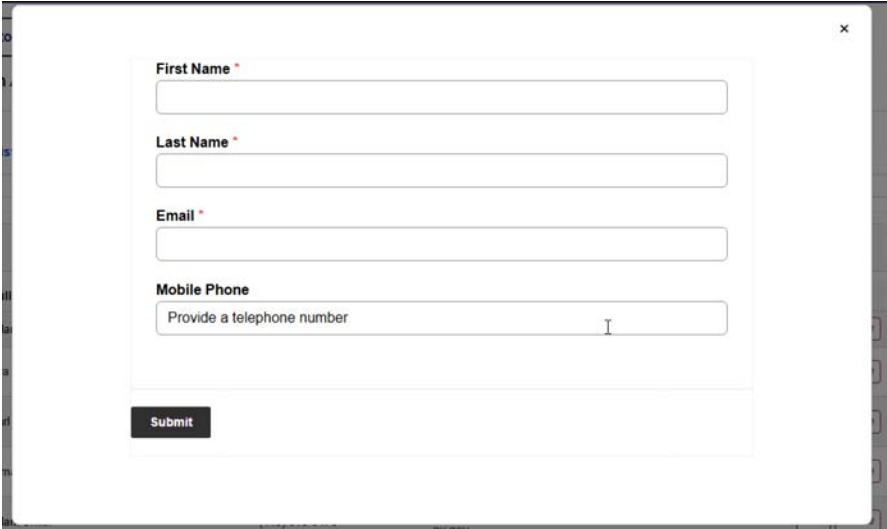
All Registrations **Manage Users**

Add Users

Full Name	Mobile Phone	Email	
Adam Smith		cp1@cp.com	Edit Delete
Ava Smith	(415) 613-6476	nima.shafikhani+06082@its.ny.gov	Edit Delete
Karl Towns		nima.shafikhani+06084@its.ny.gov	Edit Delete
Nima Shafikhani	(415) 613-6476	nima.shafikhani+0608@its.ny.gov	Edit Delete
Adam Smith	(415) 613-6476	nima.shafikhani+06081@its.ny.gov	Edit Delete
Jalen Brunson		nima.shafikhani+06083@its.ny.gov	Edit Delete

“Add Users” again after submitting the previous user’s information.

NOTE: You need to ensure that the email of the added user is/will be associated with their [NY.GOV](https://www.ny.gov) Business Account.



A screenshot of a web form for adding a user. The form is titled "Add Users" and contains the following fields:

- First Name ***: A text input field.
- Last Name ***: A text input field.
- Email ***: A text input field.
- Mobile Phone**: A text input field with the placeholder text "Provide a telephone number".

At the bottom of the form is a **Submit** button. The form is displayed within a window with a close button (X) in the top right corner. The URL "ny.gov" is visible in the browser's address bar at the bottom.

Access ARRS as an added Controlling Person and Attest the Registration Application

Once added as a controlling person by an agency's authorized user, you will receive an email and be able to attest the registration application in the ARRS Portal.

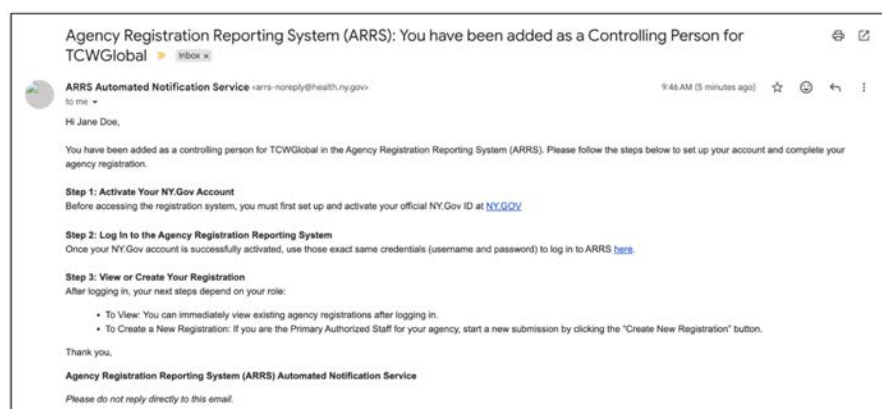
NOTE: The Attestation can be done by both Controlling Persons and Authorized Users

In order to receive an invitation into ARRS as a controlling person, an Authorized User must first add you as a controlling person during the registration application process.

You will receive an email similar to the one in the screenshot, which will tell you the following actions that need to be taken in order to access the portal:

- Activate your [NY.GOV](#) Business Account to begin **(instructions can be followed in the “Register for an NY.GOV Business Account” section of this user guide)**

- Log in to the Agency Registration and Reporting System (ARRS) using your [NY.GOV](#) Business Account credentials from the previous step



(the link to the portal provided in the email)

Once logged in, you will land on the “My Agencies” page.

If the application is still in progress, you can click the “Proceed with Registration” button to continue the application as a controlling person. Here, you will be able to attest the registration application which will allow it to be submitted for NYS DOH review.

Department of Health - Agency Registration Reporting System

Home | Nima Shafikhani

My Agencies

Create New Registration

Below is a list of all agencies associated with your profile. Select an agency from the list to view agency details and registration information.

TAID	Agency Legal Name	User Management	Registration Year	Registration Status	Action
TA1077	ABC Health Agency	Manage	Aug 1 2026 through Jul 31 2027	Draft	Proceed with Registration

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Once clicking the “Proceed with Registration” button, the application will open.

In the Attestation section of the application (step 8 on the left-hand side), you will review each statement. In order to submit your application, each statement must be acknowledged and checked.

For final confirmation, select the checkbox next to the following statement:

Attestation

Review each statement and check the box to acknowledge.

ACKNOWLEDGE	STATEMENT
☒	1. The Agency shall document that each health care personnel referred to, provided to, or contracted with health care entities currently meets the minimum licensing, training, and continuing education standards for the position in which the health care personnel will be working.
☒	2. Agency does not restrict employment opportunities of personnel and does not require the payment of liquidated damages, employment fees, or other compensation should personnel be hired as a permanent employee.
☒	3. Agency shall retain all records related to health care personnel for six calendar years and make them available to the Department upon request.
☒	4. Agency will comply with any request made by Department to examine records of the Agency, subpoena witnesses and documents, and make other investigations as is necessary.
☒	5. Agency shall appoint an administrator qualified by training, experience, or education to operate the Agency. Each separate Agency location shall have its own administrator.
☒	6. Agency shall maintain a written agreement or contract with each health care entity and the rates to be charged by the temporary health care services agency will be included in the agreement/contract.
☒	7. Contracts shall identify the minimum licensing, training, and continuing education requirements for each assigned health care personnel.
☒	8. Any requirement for minimum advance notice to ensure prompt arrival of assigned health care personnel will be included in the contract.
☒	9. The maximum rates that can be billed or charged by the temporary health care services agency will be included in the contract.

“I attest that the information submitted is true, accurate, and complete to the best of my knowledge.”

Once you select that checkbox, your name will automatically be printed in the field below, along with today's date. This confirms that you have acknowledged and agreed to all terms and conditions in the attestation.

Click “Submit” to finalize your registration application.

The screenshot shows a registration application form with a sidebar on the left containing a progress indicator with steps: Agency Info, Headquarters and Site Addresses, Controlling Person, Authorized Users, NYS Healthcare Entity Relationships, Documents, Review and Make Payment, and Attestation (in progress). The main content area displays a list of 13 terms and conditions, each with a checked checkbox. Below this is a section titled "Review the first acknowledgement and check the box to continue." containing a checkbox labeled "I attest that the information submitted is true, accurate, and complete to the best of my knowledge." and a paragraph of legal text. Underneath are input fields for "Printed name" (filled with "Nima Shafikhani") and "Date" (filled with "06/08/2026"). At the bottom right are "Previous" and "Submit" buttons.

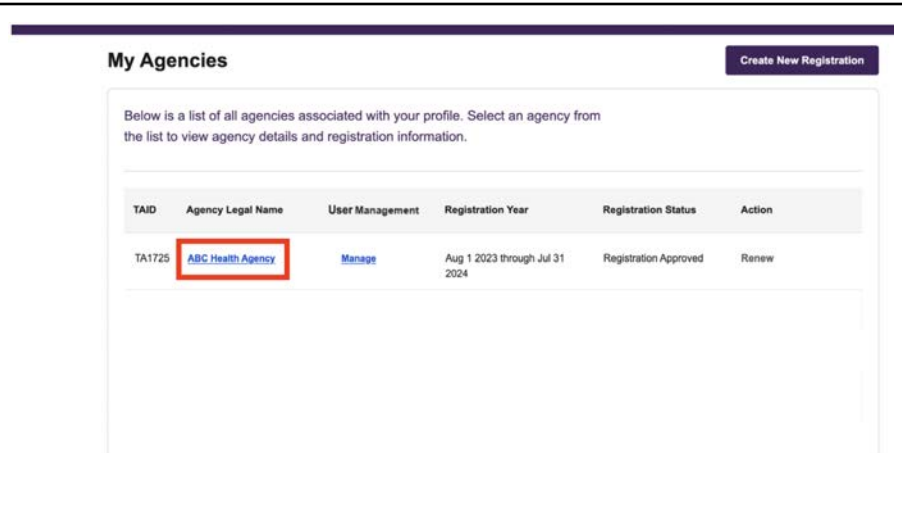
You will be redirected to a success page, confirming that you have submitted your registration application. You can return to the ARRS home page by clicking the “Go back home” button. Here, you will be able to view status updates for this registration application.

The screenshot shows a success message box with the heading "Thank you for submitting your registration application". The text inside states: "You have successfully completed the registration process. Your application has been submitted for review. You can return to your home page to view your agency registrations and check status updates." Below the text is a "Go back home" button. At the bottom of the page, a dark purple footer contains the text "© 2026 New York State Department of Health. All rights reserved."

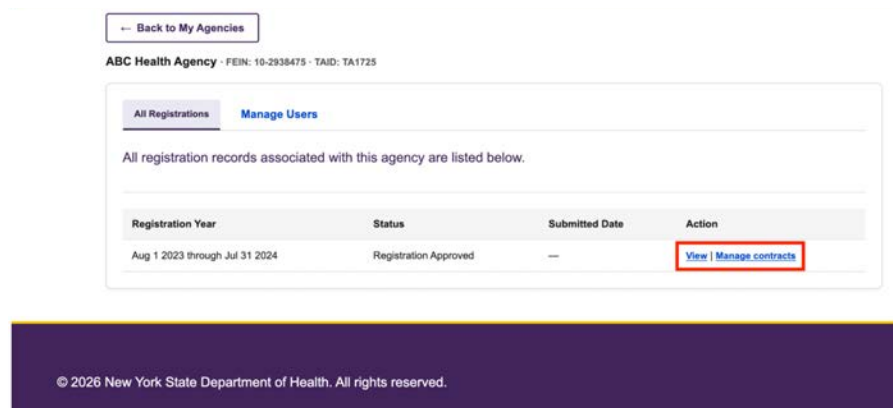
View Registration Application and Update Contracts

You will be able to see registration applications for an agency and manage contracts for that registration at any time.

On the “My Agencies” homepage of the ARRS Portal, click the blue hyperlink agency legal name of the agency that you would like to view/manage.

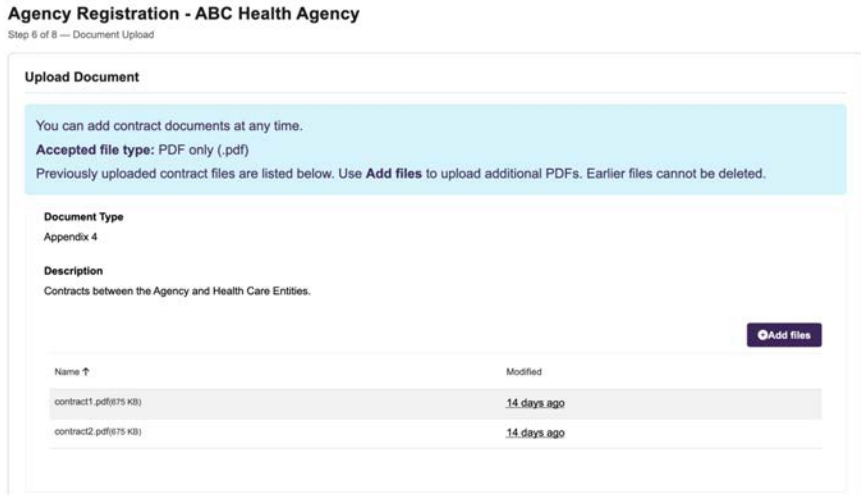
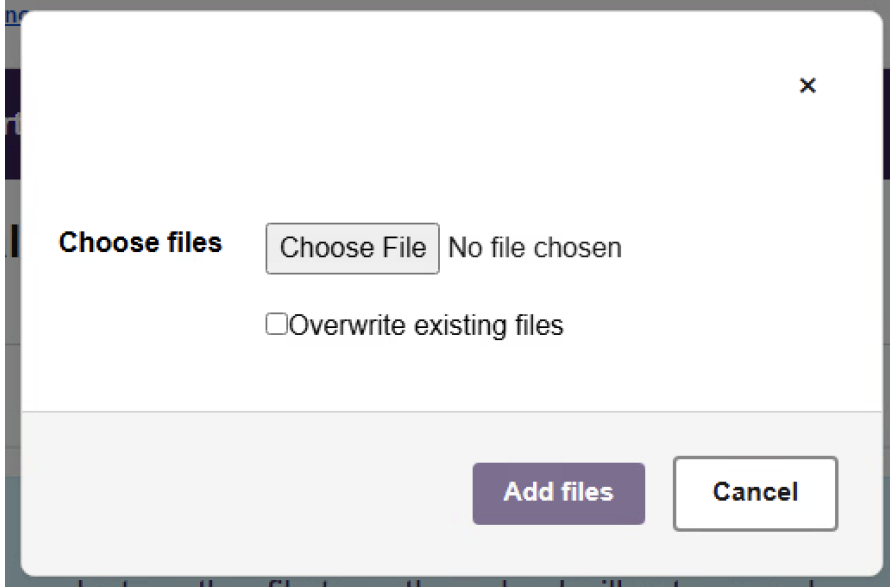


You will be navigated to the agency's page and land on the “All Registrations” tab, showing historical data of every registration/registration application for said agency.



If you would like to manage contracts for that agency, click the “Manage Contracts” hyperlink and follow the step below.

If you would like to view the application details and information for that agency during a specific registration year, click the “View” hyperlink. You will be able to revisit the

application but won't be able to make any changes outside of Appendix 4 (contracts).	
Once you've clicked manage contracts, you will land within the documents section of the application, specifically for Appendix 4. Here, you will be able to add additional PDF files of contracts for your agency. Click "Add files".	
You will then be prompted to choose a file from your device to upload. If the file you are uploading is meant to replace a file of the same name, select the "Overwrite existing files" checkbox before adding the file. Once the file has been added, click the "Add Files" button. Repeat until all files are added for the respective document type.	

Upload Document

Accepted file type: PDF only (.pdf)

Upload one PDF for this Appendix. If you select another file type, the upload will not proceed.

Document Type

Appendix 4

Description

Contracts between the Agency and Health Care Entities

Add files

Name ↑	Modified
sample-local-pdf.pdf (48 KB)	6/7/2025 9:44 PM

← Back to Documents