VIEWPOINT VP SCREENING

Northcentral TECHNICAL COLLEGE ™

How to Order Your:
Background Check and Health Portal

---

1 **Go to School Page**

GO TO the School's Landing Page on Viewpoint Screening's Website:
https://www.viewpointscreening.com/ntc

---

2 **Click on 'Start Your Order'**

Northcentral Technical College has partnered with Viewpoint Screening to provide your background check, drug test and immunization management. [...] to submit an order will delay the entrance into an experiential rotation and/or [...] setting.

Click "Start Your Order" below and you will be directed through the application process. Once your order is submitted, you will receive a confirmation email containing a password to log into viewpointscreening.com. When your background check is completed, you can view/print a copy at viewpointscreening.com by entering your email address and password. [...] are typically completed within 3-5 business days and will also be [...] to your school.

- Start Your Order
- View Your Results
- Student FAQs →
- Disclaimer →
- Contact →

---

3 **Choose your Program.**

Then click on the "Background Check + Health Portal" package link.

Start Your Order

- Dental Assisting
- Dental Hygiene
- Medical Assistant
- Medical Laboratory Technician
- Nursing
- Nursing Assistant (CNA)
- Phlebotomy
- Radiography
- Surgical Technology
- Foundations of Teacher Education
- Human Services
- Substance Use Disorder Counseling
- Sign Language Interpreting in Education
- Therapeutic Massage
- Emergency Medical Responder
- Emergency Medical Services
- Truck Driving (CDL)
- Faculty

Cancel

---

4 **Package Summary**

Once you click on the link, you will be taken to a package summary screen.

Once you review your package and the terms of use policy, click the button to acknowledge and hit **NEXT**.

Required Package

The health science programs at Northcentral Technical College requires the following service(s) to be performed by Viewpoint Screening:

Background Check:	Wisconsin DOJ & DHFS Caregiver Background Check Wisconsin Circuit Court Statewide Criminal Records County Criminal Records (7 year history, all jurisdictions outside of Wisconsin) Nationwide Crime Database Nationwide Sexual Offender Registry Healthcare Fraud & Abuse Scan Address History / SSN Validation
Health Portal:	This package includes document storage. At the end of the order process, you will have the capability to upload specific documents required by your school for immunization, medical or certification records.
Price:	$73.00

Terms of Use and Refund Policy
Please review the Terms and Conditions of Use carefully below.
Last Updated: 1/9/2024

These Terms and Conditions of Use (Terms of Use) contain important information regarding both your and Viewpoint Screening's legal rights, obligations, and remedies and cover your use and access to the products, services, software, platform and Website. The Terms of Use also contain authorization and consent to the collection, use, storage and disclosure by Viewpoint Screening of your information including without limitation personally identifiable information (PII), background check reports and results, drug test results, immunization records, and professional licenses or certifications.

SAMPLE

☐ I have read, understand and agree to the Viewpoint Screening Terms of Use and Refund Policy.

[Next]

---

❺ Click on this button to start the BID form filler

Upload Release Form

In order to obtain Wisconsin background check information, it is required that you complete a BID Form.

This is a new automated process. Viewpoint Screening has created an electronic system that will allow you to easily complete the BID form. You will provide your personal data and answer all questions within a separate interface. You will not be able to move forward if any fields are left blank. The data provided will automatically be transferred to fill in the required BID form.

Click to Complete Required Forms

The state of Wisconsin requires a completed **BACKGROUND INFORMATION DISCLOSURE** (BID) form for an individual that wishes to obtain a Caregiver Background Check. The form **must be filled out correctly or it will be rejected.**

Viewpoint Screening has created a form wizard to assist you in completing the BID properly without omitting required information. **Please follow the steps outlined here to complete your form.**

You will likely choose "Student / Volunteer

It will be easier to do this on a computer, but If you are completing the form on your phone, it will be best to rotate it to landscape view.

Scroll down to fill in all fields.

SCROLL

Complete Page 1, and hit NEXT.

SECTION A – DISCLOSURES

If you need to list previous criminal records, please provide the COUNTY AND STATE of charges to avoid extended delays in processing.

QUICK TIPS

If you need to list previous ADDRESSES, please provide the COUNTY AND STATE where you lived for fastest processing.

QUICK TIPS

SCROLL

Answer all questions on Page 2, scroll to the bottom, and hit NEXT.

VIEWPOINT VP SCREENING

If Yes, list each city, state and the dates you resided there.

SCROLL

6. Have you had a caregiver background check done within the last four (4) years?

○ Yes ◉ No

If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.

Provide the required information if the answer was YES

7. Have you ever requested a rehabilitation review with the Wisconsin Dep...

○ Yes ◉ No

If Yes, list the review date and the review result. You may be asked to provide a copy of the...

Provide the required information if the answer...

QUICK TIPS

Read and initial the following statement.

...completed and revi...82064, BID and affirm that the inf... ...today's date.

JMS   JORDAN M. SHERMAN   📅 09/06/2024   ✕

4

cancel

YOUR INITIALS, FULL NAME, AND DATE OF COMPLETION ARE ALL REQUIRED.

Answer all questions on Page 3, scroll to the bottom, and hit SUBMIT FORM.

PREV   **SUBMIT FORM**

VIEWPOINT VP SCREENING

You're Almost Finished...
You must check the document for accuracy

Check your document for accuracy by clicking on this link:

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

Fix document

If you have confirmed that everything is correct, please Continue.
If the document is not filled out correctly, your Wisconsin background check will be cancelled and you will be required to place a new Wisconsin order at the cost of $5.00.

Click the link to check your document for accuracy.

After you review, if you see any errors you can fix them at the "Fix Document" link

---

Place Your Order - Viewpoint S   ✕   Background Information Disclo   ✕   +

C   viewpointscreening.com/specdev/viewpoint/se.../formwiz/handler.aspx?action=view-form&code=638611378766722081

☰ Background Information Disclosure (BID), F-82064   1 / 3 — 100% +   ⬇ 🖨 ⋮

Window 1   Window 2

Your completed BID form will open in a SEPARATE WINDOW for you to review.

DEPARTMENT OF HEALTH SERVICES   STATE OF WISCONSIN
Division of Quality Assurance   Wis. Stat. § 50.065
F-82064 (01/2022)   Wis. Admin. Code § DHS 12.05(4)
                                                        Page 1 of 2

BACKGROUND INFORMATION DISCLOSURE (BID)
FOR ENTITY EMPLOYEES AND CONTRACTORS

• **PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
• Completion of this form to verify your eligibility for employment/service as a "caregiver" is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.
Refer to DQA form F-82064A, Instructions, for additional information.   **Reset**

Check the box that applies to you.
☐ Applicant / Employee   ☒ Student / Volunteer
☐ Contractor   ☐ Other – Specify:
NOTE: This form should NOT be used by applicants for entity operator approval (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a non-client resident. Applicants for entity operator approval or for a non-client resident background check must request an entity background check from the Division of Quality Assurance.

Full Legal Name – First	Middle	Last
JORDAN		SMITH

Other Names (including prior to marriage)

Position Title (applied for or existing)		Birth Date (MM/DD/YYYY) 01/01/2001	Sex ☐ Male ☒ Female

| Home Address | City | State | Zip Code |

Scroll through your document and check for accuracy. If it all looks good, you can close this document preview window.

VIEWPOINT VP SCREENING   ⊗

Document Filled Successfully!
BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

Check your document for correctness, here:
BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

You need to check the document for correctness first.
If everything looks correct, please Continue.

fix document

You did it! Click continue to finish ordering your background check.

CONTINUE

6 Once you have completed the BID form, you'll be returned to the Applicant information screen.

Complete the APPLICANT INFORMATION and address sections as prompted.

7 Complete payment section.

Upload Release Form

In order to obtain Wisconsin background check information, it is required that you complete a BID Form.

This is a new automated process. Viewpoint Screening has created an electronic system that will allow you to easily complete the BID form. You will provide your personal data and answer all questions within a separate interface. You will not be able to move forward if any fields are left blank. The data provided will automatically be transferred to fill in the required BID form.

The following PDF will be attached to your order.
Click to View

Applicant Information

First Name*:	
Last Name*:	
Middle Name:	
Alias/Maiden Name 1:	Please Note: If you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.
Alias/Maiden Name 2:	Please Note: If you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.
Alias/Maiden Name 3:	Please Note: If you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.
Social Security Number*:	Please Note: If you have not been issued a valid U.S. SSN then enter all zeros (000-00-0000) instead.
Date of Birth*:	(mm/dd/yyyy)
Gender*:	○ Male ○ Female
Phone Number*:	(111-111-1111)
E-Mail Address*:	Type E-mail address.
IMPORTANT Your email address will be your user name to log in. If you have placed a previous order, it is recommended to use the same email address to prevent separate logins. Separate logins will contain separate results / medical	Re-type E-mail address. Please make sure you are entering your correct email address. You will be unable to log in or receive communications from Viewpoint Screening if your email

Current Residential Address:

Address*:	
City*:	
State or U.S. Territory*:	For an international address, select "International" and select the foreign Country name below.
Country*:	United States
Zip Code*:	ZIP Code Look Up Tool Please Note: If you have an international address that does not require a Zip Code, please fill in "00000".

Back   Next

Payment Information

First Name*:	
Last Name*:	
Credit Card Number*:	
Exp. Date*:	(MM/20YY)
CVV*:	
Credit Card Type*:	Select Card Type
Contact Name (if business):	
Email*:	
Phone Number*:	
Address*:	
City*:	
State*:	
Postal Code*:	

• IMPORTANT: Please note that if you enter an address other than the one on file with the credit card's issuing bank, or an incorrect CVV code, Viewpoint Screening will deny your transaction for security purposes. Additionally, denied transactions may cause the funds to be held by your bank for up to 5 business days before being released back to the card.

• "Viewpoint LLC" will appear on your credit card statement.

• A Parent or Guardian's credit card will be accepted.

Authorize.Net

• WARNING: Your credit card will be charged when you click "Next." This fee is non-refundable.

• Do not click more than once or you may be charged multiple times.

Back   Next

Log In to Your Account

Once your order is complete, you should be taken to a screen like this to the right.

Your username will be the email you used to set up your account.

Change password here, and **it will log you in to the Viewpoint System.**

Thank you, your order has been submitted. Please be aware that this order does not contain a background check or a drug test.

You can now access your Health Portal to upload required documents.

You will be automatically logged into your account once you create/change your password.

Please RESET THE PASSWORD to your account associated with greys@anatomy.com

Passwords must contain one or more numbers, one or more special characters, and must be at least 12 characters long.

Enter your NEW password	☐ Toggle Password
Confirm your NEW password	

☐ I have provided a strong password that will be remembered
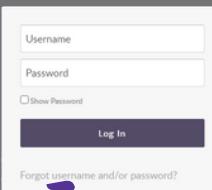
Reset Password

Next Steps

- **HEALTH PORTAL:** Follow instructions on the following pages to view your Health Portal requirements (to upload documents).
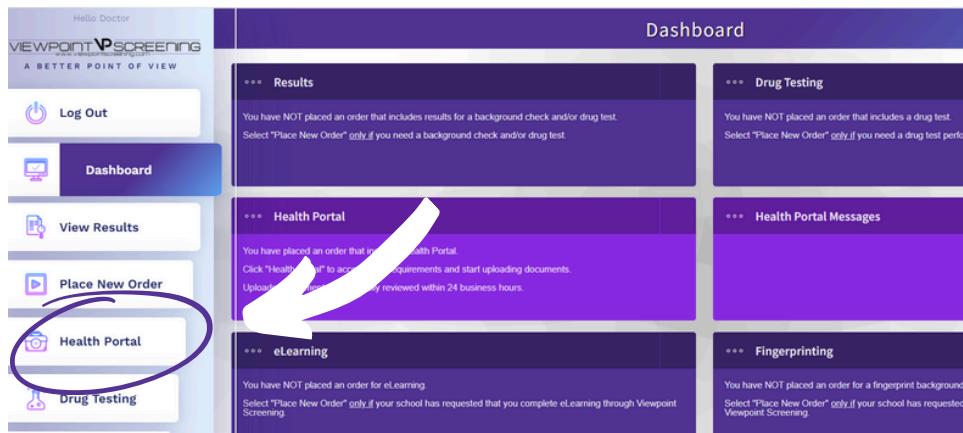
TO LOG IN

Go to
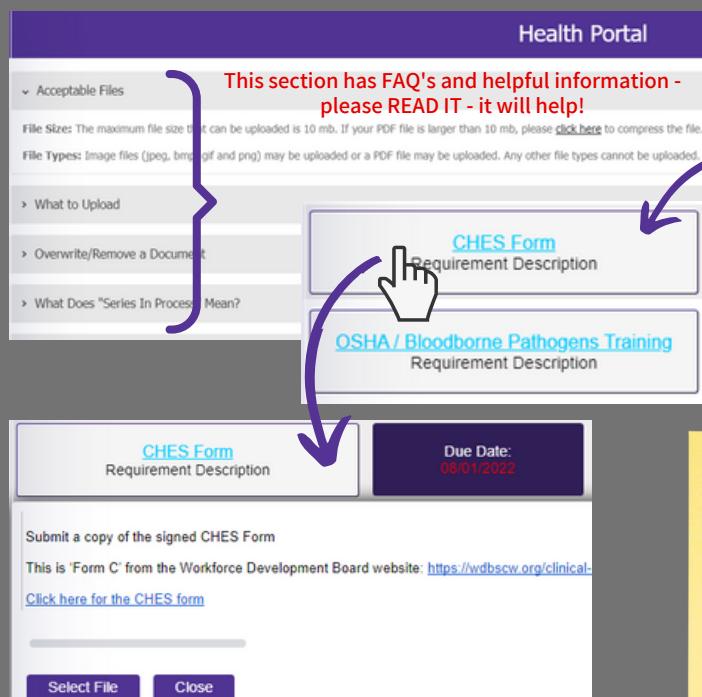www.viewpointscreening.com

Right Hand Corner: **LOG IN**

| Username |
| Password |
| ☐ Show Password |
| Log In |

Forgot username and/or password?

Click here if you forget your username or password to request to have it emailed to you.

View your HEALTH PORTAL REQUIREMENTS

Now you are logged into your Viewpoint Screening Account.
This is your **Dashboard**. Click "**Health Portal**" to VIEW requirements.

Dashboard

Hello Doctor

- Log Out
- **Dashboard**
- View Results
- Place New Order
- Health Portal
- Drug Testing

Results
You have NOT placed an order that includes results for a background check and/or drug test.
Select "Place New Order" *only if* you need a background check and/or drug test.

Drug Testing
You have NOT placed an order that includes a drug test.
Select "Place New Order" *only if* you need a drug test perfo...

Health Portal
You have placed an order that in... ...alth Portal.
Click "Healt... ...it" to ac... ...equirements and start uploading documents.
Uploa... ...y reviewed within 24 business hours.

Health Portal Messages

eLearning
You have NOT placed an order for eLearning.
Select "Place New Order" *only if* your school has requested that you complete eLearning through Viewpoint Screening.

Fingerprinting
You have NOT placed an order for a fingerprint background...
Select "Place New Order" *only if* your school has requested Viewpoint Screening.

HOW TO SEE REQUIREMENTS & UPLOAD DOCUMENTS

Health Portal

This section has FAQ's and helpful information - please READ IT - it will help!

- Acceptable Files

File Size: The maximum file size that can be uploaded is 10 mb. If your PDF file is larger than 10 mb, please click here to compress the file. If yo...

File Types: Image files (jpeg, bmp, gif and png) may be uploaded or a PDF file may be uploaded. Any other file types cannot be uploaded. If...

- What to Upload
- Overwrite/Remove a Document
- What Does "Series In Process" Mean?

To VIEW YOUR GUIDELINES (what to do) for a particular requirement, click on that item's "Requirement Description."

| CHES Form Requirement Description | Due Date: 08/01/2022 | Upload CHES Form Document |
| OSHA / Bloodborne Pathogens Training Requirement Description | Due Date: 08/01/2022 | Upload OSHA / Bloodborne Pathogens Training Document |

SAMPLE HEALTH PORTAL

| CHES Form Requirement Description | Due Date: 08/01/2022 |

Submit a copy of the signed CHES Form

This is 'Form C' from the Workforce Development Board website: https://wdbscw.org/clinical-

Click here for the CHES form
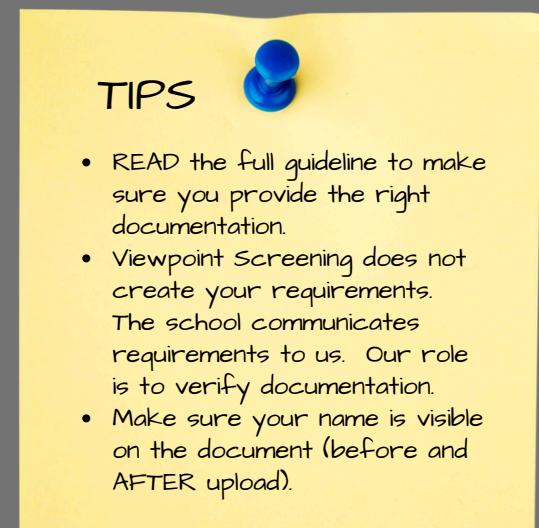
Select File   Close

Guideline Description Box

From here, you can:
- View the guidelines for what to upload
- See important instructions
- View & download school forms
- Upload a file to correspond with this requirement

TIPS
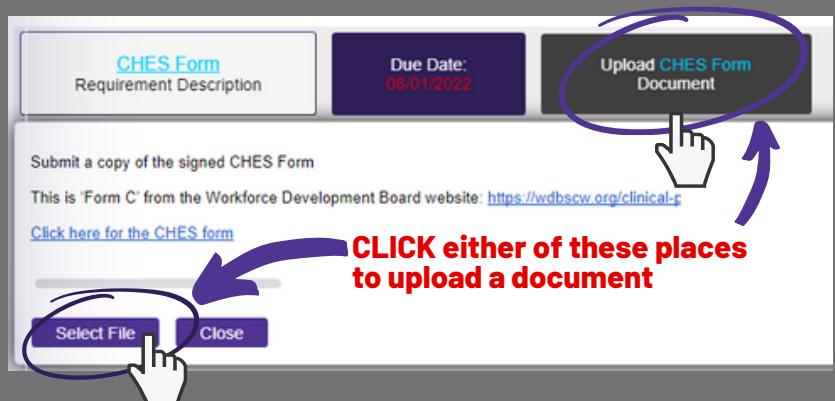
- READ the full guideline to make sure you provide the right documentation.
- Viewpoint Screening does not create your requirements. The school communicates requirements to us. Our role is to verify documentation.
- Make sure your name is visible on the document (before and AFTER upload).

HOW TO UPLOAD A DOCUMENT

When you have the correct document available, you are ready to upload it to your Health Portal.

CHES Form
Requirement Description

Due Date:
08/01/2022

Upload CHES Form Document

Submit a copy of the signed CHES Form

This is 'Form C' from the Workforce Development Board website: https://wdbscw.org/clinical-p

Click here for the CHES form

CLICK either of these places to upload a document

Select File   Close

Once the document has been successfully uploaded, a new button will appear in the Row of the item with the DATE UPLOADED.

date upload column

document status column

action date column

| Hepatitis B Requirement Description | Click to view the document(s) you have uploaded | Upload New Hepatitis B Document | Document Uploaded On 04/07/22 | Document Not-Approved 04/08/22 | Next Action Date |
| MMR Requirement Description | Click to view the document(s) you have uploaded | Upload New MMR Document | Document Uploaded On 02/17/22 | Document Approved 02/17/22 | Next Action Date 01/01/2030 |

Is my document approved or not approved? ?

Documents are reviewed in 24 hours, or in 1 business day if submitted on weekends. Once reviewed, every document is either APPROVED (and marked green), or NOT APPROVED (and marked red), with a date stamp of review.

| Upload New Hepatitis B Document | Document Uploaded On 04/07/22 | Document Not-Approved 04/08/22 | Next Action Date |
| Upload New MMR Document | Document Uploaded On 02/17/22 | Document Approved 02/17/22 | Next Action Date 01/01/2030 |

How can I see what I uploaded?

Click to view the document(s) you have uploaded

Always CHECK what you uploaded.
✓ Is it the right doc?
✓ Is my name visible?

If a document is NOT APPROVED, you will receive an email notifying you with the reason for the rejection. This information can also be located at the bottom of your Health Portal listings under "HEALTH PORTAL MESSAGES."

| Hepatitis B Titer Requirement Description | Click to view the document(s) you have uploaded | Upload New Hepatitis B Titer Document | Documen Uplo 04/ | Docu Pend Revi |

Health Portal Messages

04/20/2022
blah blkjzhdfk

04/08/2022
Hepatitis B - Please make sure to include your name on your document.

07/22/2021
You did not provide the correct document.

12/01/2020
CPR Certification - You have provided a non-BLS (Basic Life Support) certificate. Please submit a BLS certificate in order to gain approval.

You will receive a general reminder email once weekly until you have reached full compliance for all of your documents.

Support

Email us at:
studentsupport@viewpointscreening.com

Instant Chat - bottom right hand corner at ViewpointScreening.com
Monday - Friday 9 am - 5pm EST.