

# VIEWPOINT VP SCREENING



**NORTHEAST**  
WI Technical College



Ordering Your  
Background Check +  
Health Portal

**1**

GO TO your School's Landing Page on Viewpoint Screening's Website:  
<https://www.viewpointscreening.com/nwtc>

**2**

Click on  
Start Your  
Order



Northeast Wisconsin Technical College has partnered with Viewpoint Screening to provide your background check, drug test and immunization management. Failure to submit an order will delay the entrance into an experiential rotation and/or school 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](https://www.viewpointscreening.com). When your background check is completed, you can view/print a copy at [viewpointscreening.com](https://www.viewpointscreening.com) by entering your email address and password. Results are typically completed within 3-5 business days and will also be available to your school.

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

VIEWPOINT VP SCREENING

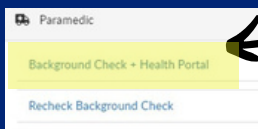


**3**

Choose your  
program.

It will expand to show you available packages.

Click on the package titled "Background Check + Health Portal" Under YOUR PROGRAM.



## Start Your Order

- Human Services
- Substance Use Disorder Counseling
- Criminal Justice-Corrections
- Criminal Justice-Law Enforcement
- Paramedic
- Biomedical Electronics
- Electrical Power Distribution
- Gas Utility Construction Services
- Dental Assistant
- Dental Hygiene
- Diagnostic Medical Sonography
- Foundations of Teachers Education/Paraprofessional

## Required Package

Northeast Wisconsin Technical College requires the following service(s) to be performed by Viewpoint Screening:

|                   |  |
|-------------------|--|
| Background Check: | Wisconsin DOJ & DHFS Caregiver Background Check<br>Wisconsin Circuit Court Statewide Criminal Records<br>County Criminal Records (7 year history, all jurisdictions outside of Wisconsin)<br>Nationwide Crime Database<br>Nationwide Sexual Offender Registry<br>Healthcare Fraud & Abuse Scan<br>Address History / SSN Validation |
| Health Portal:    | 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:            | \$65.00  |

## Terms of Use and Refund Policy

Please review the Terms and Conditions of Use carefully below.

Last Updated: 9/17/2019

The Terms and Conditions of Use found on our Website 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 authorizations 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.

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

Next

**4**

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.

# 5 BID PROCESS:

- BID form looks like this (to the right), is an electronically fillable form, AND IS THREE TOTAL PAGES. In order for us to obtain Wisconsin background check information:
- You must FILL OUT the BID form (electronically fill the form out completely, including initials)
- SAVE BID FORM TO YOUR COMPUTER
- UPLOAD BID FORM (upload this form back onto Viewpoint Screening site)

You cannot/will not be able to proceed with your order until this form has been completed and uploaded back to our site. SEE BELOW.

## VIEW BID FORM HERE

### Upload Release Form

To obtain Wisconsin background check information, it is required that "this form"

**Download BID HERE**

fill out completely, including your initials)

SAVED TO YOUR COMPUTER

UPLOADED (upload this form back onto site)

You cannot/will not be able to proceed with your order until this form has been completed and uploaded here.

UPLOAD BID here AFTER you complete it and save it to your computer

**\*All 3 pages must be provided.\***  
If all 3 pages are not provided or 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.

Use [this link](#) to combine PDF files  
OR  
use [this link](#) to combine image files into a PDF file.

Choose File

When you complete the BID form, DON'T FORGET TO INITIAL, INCLUDE YOUR NAME, AND DATE.

INITIAL HERE

Read and initial the following statement.

I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name - Person Completing This Form

ENTER YOUR NAME HERE

Date Submitted

PUT THE DATE HERE

**6 Complete the APPLICANT INFORMATION and address sections as prompted.**

### Applicant Information

|                          |  |
|--------------------------|--|
| First Name*:             | <input type="text"/>   |
| Last Name*:              | <input type="text"/>   |
| Middle Name:             | <input type="text"/>   |
| Alias/Maiden Name 1:     | <input type="text"/><br><small>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.</small>              |
| Alias/Maiden Name 2:     | <input type="text"/><br><small>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.</small>              |
| Alias/Maiden Name 3:     | <input type="text"/><br><small>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.</small>              |
| Social Security Number*: | <input type="text"/> - <input type="text"/> - <input type="text"/><br><small>Please Note: If you have not been issued a valid U.S. SSN then enter all zeros (000-00-0000) instead.</small> |
| Date of Birth*:          | <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)  |
| Gender*:                 | <input type="radio"/> Male <input type="radio"/> Female  |
| Phone Number*:           | <input type="text"/> (111-111-1111)  |
| E-Mail Address*:         | <input type="text"/>   |

**7 Complete payment section.**

### Payment Information

|                             |   |
|-----------------------------|---|
| First Name:                 | <input type="text"/>  |
| Last Name:                  | <input type="text"/>  |
| Credit Card Number:         | <input type="text"/>  |
| Exp. Date:                  | <input type="text"/> (MM/20YY)  |
| CVV* 2:                     | <input type="text"/>  |
| Credit Card Type*:          | Select Card Type  |
| Contact Name (if business): | <input type="text"/>  |
| Email*:                     | <input type="text"/><br><small>Payment receipt will be sent to this email</small> |
| Phone Number:               | <input type="text"/>  |
| Address*:                   | <input type="text"/>  |
| City*:                      | <input type="text"/>  |
| State*:                     | <input type="text"/>  |
| Postal Code*:               | <input type="text"/>  |

**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. They should be made aware of this transaction.

**WARNING:** Your credit card will be charged \$29.00 when you click "Next." This fee is non-refundable under any circumstances.

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

Back Next

### Current Residential Address:

|                           |  |
|---------------------------|--|
| Address*:                 | <input type="text"/>   |
| City*:                    | <input type="text"/>   |
| State or U.S. Territory*: | <input type="text"/>   |
| Country*:                 | United States  |
| Zip Code*:                | <input type="text"/> <a href="#">ZIP Code Look Up Tool</a><br><small>Please Note: If you have an international address that does not require a Zip Code, please fill in "00000".</small> |

Back Next

# Log In to Your Account

Once your order is complete, you should be taken to a screen to 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** ➔

**NEXT STEPS:**

1. **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](http://www.viewpointscreening.com)

Right Hand Corner: **LOG IN**

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.

## HOW TO SEE REQUIREMENTS & UPLOAD DOCUMENTS

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

### 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-g>

[Click here for the CHES form](#)

Select File Close

**CLICK either of these places to upload a document**

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."

Health Portal Messages

|            |  |
|------------|--|
| 04/20/2022 | blah blkgzhdfk   |
| 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](mailto:studentsupport@viewpointscreening.com)

Instant Chat - bottom right hand corner at [ViewpointScreening.com](http://ViewpointScreening.com)  
Monday - Friday 9 am - 5pm EST.