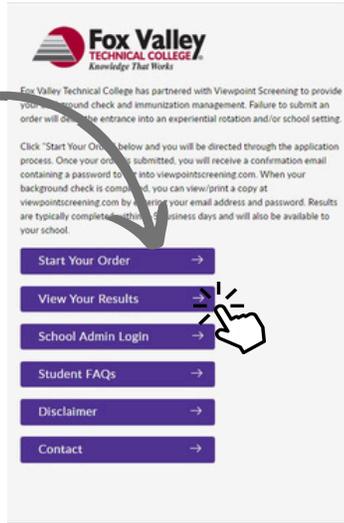


VIEWPOINT VP SCREENING

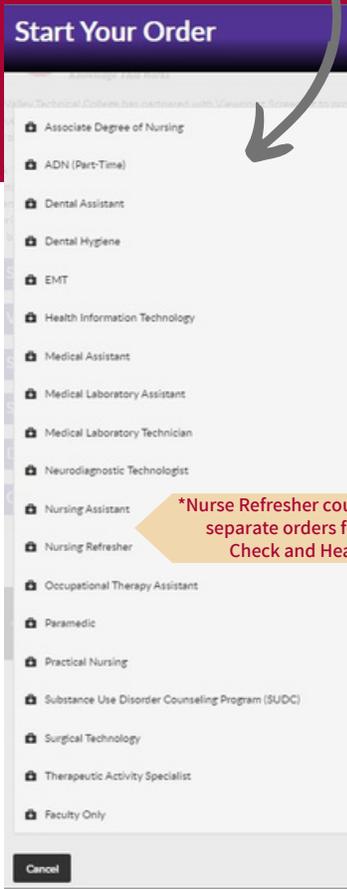


1 Go to School Page **GO TO** the School's Landing Page on Viewpoint Screening's Website:
<https://www.viewpointscreening.com/fvtc>

2 Click on 'Start Your Order'

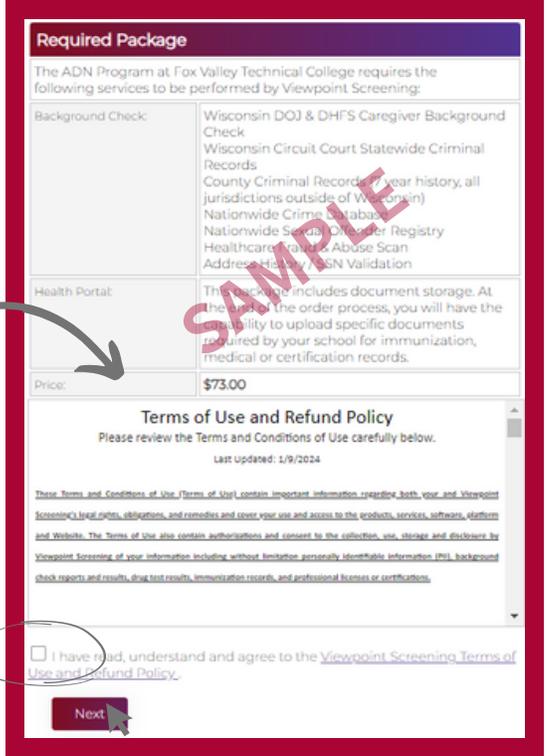


3 Choose your Department.
 Then click on the link for "Background Check + Health Portal" package for YOUR DEPARTMENT.



*Nurse Refresher course places separate orders for their BG Check and Health Portal.

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.



5 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

Complete Page 1, and hit NEXT.

QUICK TIPS

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.

SCROLL

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

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

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 was YES

Read and initial the following statement:
 I have read and understand the Wisconsin Department of Health Services (DHS) Bid and affirm that the information provided is true and accurate to the best of my knowledge.

Printed and e-signed name: JORDAN M. SHERMAN
 Date: 09/06/2024

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.

cancel PREV SUBMIT FORM

VIEWPOINT VP SCREENING

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

Click the link to check your document for accuracy.

Check your document for accuracy by clicking on this link:
[BACKGROUND INFORMATION DISCLOSURE \(BID\) FOR ENTITY EMPLOYEES AND CONTRACTORS](#)

[Fix document](#) **After you review, if you see any errors you can fix them at the "Fix Document" link**

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.

Place Your Order - Viewpoint | 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.

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

DEPARTMENT OF HEALTH SERVICES
 Division of Quality Assurance
 F-82064 (01/2022)

STATE OF WISCONSIN
 Wis. Stat. § 50.065
 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(3) 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 DHS form [F-82064 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: JORDAN Middle: SMITH Last: 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: _____

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.

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](#)

7 Complete payment section.

Payment Information

First Name*:

Last Name*:

Credit Card Number*:

Exp. Date*: (MM/20YY)

CVV*2:

Credit 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.



• **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.

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.

Current Residential Address:

Address*:

City*:

State or U.S. Territory*:

Country*:

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".

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

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**

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 blkgzhdtk

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.