## VIEWPOINT PSCREENING

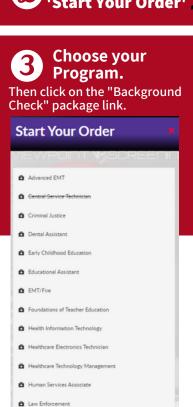






GO TO the School's Landing Page on Viewpoint Screening's Website: <a href="https://www.viewpointscreening.com/westerntc">https://www.viewpointscreening.com/westerntc</a>

Click on 'Start Your Order'



Nursing
 Nursing Assistant
 Occupational Therapy Assistant

Phlebotomy
 Physical Therapy Assistant
 Radiography
 Respiratory Therapy

♠ Surgical Technology





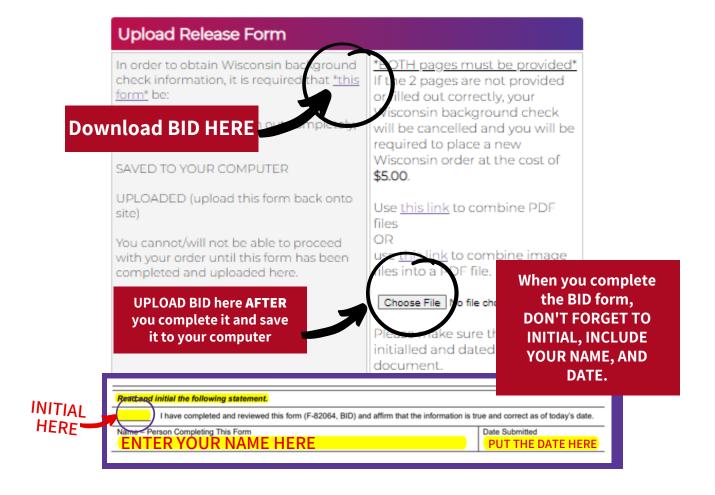
# **5** BID PROCESS:

- BID form looks like this (to the right), is an electronically fillable form, AND IS <u>THREE</u> <u>TOTAL PAGES</u>. 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.

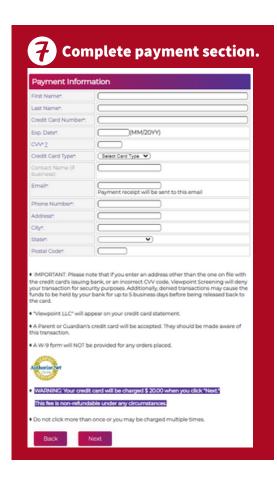
#### VIEW BID FORM HERE

PEN Sance Com of you Prove Province & State Check St.	BACKO	c. Code § DHS 12.85(4). er the provisions of Wis. St Son, or denial or termination ructions, for additional informations.	information ma lat. § 50.065. Fai in of your employ mation.	OSURE (BID) by result in a forfeitur fure to comply may res ment or contract.	e of up to sult in a der	sial or revocat	1 of 4 ther
Refe Prov prev PRIN	ALTY: Knowingly previding falls titions as provided in Wis. Admit piletion of this form is required und or scenese, certification, or register or to DQA form F-62064A, BID inst fding your social security number i set incorrect matches. NT OR TYPE YOUR ANSWERS. he box that applies to you.	e information or omitting s. Code § DHS 12.85(4). ler the provisions of Wis. St son, or denial or termination ructions, for additional infor-	information ma lat. § 50.065. Fai in of your employ mation.	ry result in a forfeitur iture to comply may res ment or contract.	sult in a der	sial or revocat	
Refe Prov prev PRIN	ctions as provided in Wis. Admis- pletion of this form is required und not license, certification, or registral in to DQA form F-82064A, 810 Insti- diding your social security number is ent incorrect matches. HT OR TYPE YOUR ANSWERS. he box that applies to you.	c. Code § DHS 12.85(4). er the provisions of Wis. St Son, or denial or termination ructions, for additional informations.	tat. § 50.065. Fai n of your employ mation.	lure to comply may res ment or contract.	sult in a der	sial or revocat	
PROPERTY OF THE PROPERTY OF TH	our license, certification, or registra ir to DQA form F-82064A, 8ID linst riding your social security number i set incorrect matches. NT OR TYPE YOUR ANSWERS. he box that applies to you.	tion, or denial or termination ructions, for additional infor	n of your employ mation.	ment or contract.			ion
Province Pro	rding your social security number i ent incorrect matches. NT OR TYPE YOUR ANSWERS. he box that applies to you.			umber is one of the un	ique identif		
PRIN	ent incorrect matches.  NT OR TYPE YOUR ANSWERS.  The box that applies to you.	s voluntary; however, your	social security n	umber is one of the un	ique identif		
Deck 8	he box that applies to you.					iers used to	
) Er							
- Ac	makeum / Continuentes (including per						
		w applicant) [	Household	member (lives on prem	sises, but is	not a client)	
	oplicant for a license, certification, occuding continuation or renewal)	or registration	Other - Spe	lpecify:			
OTE: II	you are an owner, operator, board complete the BID, F-82064 and the	member, or non-client res Appendix, F-82009, and so	ident of a facility ubmit both forms	regulated by the Divis to the address noted in	ion of Qual n the Appe	ity Assurance ndix Instruction	rs.
ull Lega	il Name – First	Middle		Last			
Position Title (Complete only if a prospective or current employee or contractor.) Birth					(dd/yyyy) Sex		
						Male   Fee	sale
iny Othe	or Names By Which You Have Bee	n Known (Including Maider	n Name)				
lace / D	thnicity (Check ONLY one.)				Sovial Sa	scurity Numbe	_
	ican Indian or Alaskan Native 🔲	Asian or Pacific Islander	Black DV	Vhite Unknown			
lome Ad	Stress		City		State	Zip Code	
lusiness	Name and Address – Employer o	Care Provider (Entity)					
	A "NO" answer to all questions				gulatory a	pproval.	
<b>HCTIO</b>	N A - ACTS, CRIMES, AND OFFE	NSES THAT MAY ACT A	S A BAR OR RE	STRICTION			
, Doy	you have any criminal charges pen	ding against you, including	in federal, state,	local, military, and trib	al courts?	200	
	es, list each charge, when it occum					Yes	No
	may be asked to supply additional it or police documents.	information, including a co	opy of the crimina	al complaint or any oth-	er relevant		



# 6

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



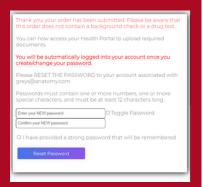


### Log In to Your Account

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.



#### **View your Results**

On your dashboard, lick "View Results" to view your report once check is complete and results are available.

