

# VIEWPOINT SCREENING



## BACKGROUND CHECK ORDER INSTRUCTIONS

### 1 Go to School Page

GO TO the School's Landing Page on Viewpoint Screening's Website:


<https://www.viewpointscreening.com/westerntc>

### 2 Click on 'Start Your Order'

### 3 Choose your Program.

Then click on the "Background Check" package link.

**Start Your Order**

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- Advanced EMT
- Central Service Technician
- Criminal Justice
- Dental Assistant
- Early Childhood Education
- Educational Assistant
- EMT/Fire
- Foundations of Teacher Education
- Health Information Technology
- Healthcare Electronics Technician
- Healthcare Technology Management
- Human Services Associate
- Law Enforcement
- Medical Laboratory Technology
- Medical Assistant
- Nursing
- Nursing Assistant
- Occupational Therapy Assistant
- Paramedic Technician
- Phlebotomy
- Physical Therapy Assistant
- Radiography
- Respiratory Therapy
- Surgical Technology

Cancel

**Western Technical College**

Western Technical College has partnered with Viewpoint Screening to provide your background check 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). Then 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. Orders are typically completed within 3-5 business days and will also be available to your school.

**Start Your Order**

**View Your Results**

**Student FAQs** →

**Disclaimer** →

**Contact** →

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### 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 Education and Training division at Western 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
Price:	<b>\$48.00</b>

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

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 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**

## 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 entered will be automatically 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.

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3 Pages

### 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. § 90.06(2)(b) and Wis. Admin. Code § DHS 12.05(6).  
Completion of this form to verify your eligibility for employment/service as a "caregiver" is required by Wis. Stat. § 90.065 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-420564, Instructions, for additional information.

Check the box that applies to you.

☐ Applicant / Employee ☒ Student / Volunteer ☐ Contractor ☐ Other

Specify if you selected Student / Volunteer

NOTE: This form should NOT be used by applicants for employment/service as a "caregiver" who are registered with the Department of Health Services, Division of Quality Assurance.

Full Legal Name - First: JANE Last: SMITH

Other Names (Include all aliases)

Position Title (applied for or existing)

Sex: ☐ Male ☒ Female

Home Address - Street: 123 ANYTOWN RD City: SHEBOYGAN State: WI Zip Code: 53075

Business Name and Address - Employer (Entity)

3 Pages

**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.**

**Complete Page 1, and hit NEXT.**

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3 Pages

### BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

Answering "NO" to all questions does not guarantee employment, a contract, or service agreement. If more space is required, attach additional documentation to this form and indicate "see attached" in your answer.

SECTION A - DISCLOSURES

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?

☐ Yes ☒ No

If Yes, list each charge, when it occurred, and where it occurred.

Provide the required information if the answer was YES.

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?

☐ Yes ☒ No

If Yes, list each crime, when it occurred, and where it occurred.

Provide the required information if the answer was YES.

3. Please note that Wis. Stat. § 48.981, Abused or neglected children and abused unborn children, may apply to information concerning findings of child abuse and neglect. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?

☐ Yes ☒ No

Provide an explanation below, including when and where the incident(s) occurred.

Provide the required information if the answer was YES.

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?

☐ Yes ☒ No

If Yes, explain, including when and where it happened.

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

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

**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 Department of Corrections?

☐ Yes ☒ No

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

Provide the required information if the answer was YES

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

Read and initial the following statement:

I, JORDAN M. SHERMAN, certify that the information provided on this form is true and accurate to the best of my knowledge.

Signature: JORDAN M. SHERMAN Date: 09/06/2024

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

**SCROLL**

**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 VP Screening

Background Information Disclosure (BID) F-82064

**Window 1** **Window 2**

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

**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)(c) and Wis. Admin. Code § DHS 12.05(4).

**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.

Refer to DQA form [F-82064A](#) for additional information.

Check the box that applies to you.

☐ Applicant / Employee ☒ Student / Volunteer

☐ Contractor ☐ Other - Specify:

Full Legal Name - First: JORDAN Middle:  Last: SMITH

Other Names (including prior to marriage):

Position Title (if applicable 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.**

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**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.


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The following PDF will be attached to your order.

[Click to View](#)

## 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:	<input type="text"/> Select Card Type
Contact Name (if business):	<input type="text"/>
Email:	<input type="text"/> Payment receipt will be sent to this email
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.

### Applicant Information

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Alias/Maiden Name 1:	<input type="text"/> 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:	<input type="text"/> 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:	<input type="text"/> 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:	<input type="text"/> - <input type="text"/> - <input type="text"/> Please Note: if you have not been issued a valid U.S. SSN then enter all zeros (000-00-0000) instead.
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"/> Type E-mail address.

### Current Residential Address:

Address:	<input type="text"/>
City:	<input type="text"/>
State or U.S. Territory:	<input type="text"/> For an international address, select "International" and select the foreign Country name below.
Country:	<input type="text"/> United States
Zip Code:	<input type="text"/> 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

# 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

Confirm your NEW password

☐ I have provided a strong password that will be remembered