

VIEWPOINT SCREENING



WAUKESHA
COUNTY TECHNICAL
COLLEGE



**Background Check
Drug Test & Health Portal**

EMS PROGRAMS

- 1 Go to your School's Landing Page on Viewpoint Screening's Website:
<https://www.viewpointscreening.com/wctc>

- 2 Click on Start Your Order

- 3 Choose your program:

Under YOUR program, click the link that says "Background Check + Drug Test + Health Portal"

Start Your Order

- Central Service Technician
- Dental Assistant
- Dental Hygiene
- Health Information Technology
- Language Interpreter
- Medical Assistant
- Nursing
- Nursing Assistant
- Phlebotomy
- Surgical Technology
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic
- Re-Entry Paramedic

Cancel



Waukesha County 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

Disclaimer

Contact

- 4 Review Package

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 Emergency Medical Service program at Waukesha County 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) Healthcare Fraud & Abuse Scan Address History / SSN Validation
Drug Test:	Lab based 10 panel urinalysis: You will receive an email from Viewpoint Screening after 1 business day once you finish placing your online order regarding your drug test. This email will contain the instructions to have your drug test performed.
Health Portal:	At the end of the order process, you will have the capability to log in and upload specific documents required by your school for immunization, medical or certification records.
Price:	\$103.00

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 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 certification.

☐ 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 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.

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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(3)(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-42056A, Instructions, for additional information.

Check the box that applies to you.

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

Specify if you selected other:

NOTE: This form should NOT be used by applicants for registration with the Division of Quality Assurance.

First Legal Name - First: JANE

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.

VIEWPOINT VP SCREENING

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 the court or police documents.

Provide the required information if the answer was YES.

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

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 the court or police documents.

Provide the required information if the answer was YES.

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

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.

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

QUICK TIPS

Read and initial the following statement:

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

Signature Date

JMS 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.

SCROLL

SUBMIT FORM

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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](#) 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.

Click the link to check your document for accuracy.

Place Your Order - Viewpoint | Background Information Disclosure (BID) F-82064

viewpointscreening.com/specdev/viewpoint/.../formwiz/handler.aspx?action=view-form&code=6386113767622081

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
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 Middle Last

JORDAN 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.

7 Complete payment section.

Payment Information

First Name*:

Last Name*:

Credit Card Number*:

Exp. Date*: (MM/20YY)

CVV*2:

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.



• **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.

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](#)

Applicant Information

Do not place an order on someone's behalf. This form must be filled out by the individual who requires Viewpoint Screening services.

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*: **IMPORTANT:** Your email address will be your user name to

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".

Please make sure you have provided correct information. Changes cannot be made once you have placed your order.

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).
- **DRUG TEST:** You will receive an email from Viewpoint Screening within the next 1-2 business days with your registration information and where to go for your test.

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 forgot 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

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

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 you

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?

CHES Form Requirement Description

OSHA / Bloodborne Pathogens Training Requirement Description

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

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

SAMPLE HEALTH PORTAL

Due Date: 08/01/2022 Upload CHES Form Document

Due Date: 08/01/2022 Upload OSHA / Bloodborne Pathogens Training Document

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."

Hepatitis B Titer Requirement Description	Click to view the document(s) you have uploaded	Upload New Hepatitis B Titer Document	Document Uploaded On 04/07/22	Document Pending Review
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.