# VIEWPOINT VP SCREENING

**WAUKESHA COUNTY TECHNICAL COLLEGE**
**WCTC**

**How to Order Your:**
- **Background Check**
- **Health Portal**
- **Drug Test**

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

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**2** Click on Start Your Order

WAUKESHA COUNTY TECHNICAL COLLEGE
**Hands-on Higher Ed**

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. When your background check is completed, you can view/print a copy at 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 →

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**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

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**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<br>Wisconsin Circuit Court Statewide Criminal Records<br>County Criminal Records (7 year history, all jurisdictions outside of Wisconsin)<br>Healthcare Fraud & Abuse Scan<br>Address History / SSN Validation |
| Drug Test: | Lab based 10 panel urinalysis:<br>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: | $95.00 |

**Terms of Use and Refund Policy**
Please review the Terms and Conditions of Use carefully below.
Last Updated: 9/17/2019

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 certifications.

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

Next

1

**⑤ Complete** the APPLICANT INFORMATION and address sections as prompted.

**⑥ 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, declined 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.

**Authorize.Net**

♦ **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.

[ Back ]  [ Next ]

## 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 log in. If you have placed a previous order, it is recommended to use the same email address to prevent separate logins. Separate logins will contain separate results / medical documents, and cannot be combined. |

SAMPLE

## 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.

[ Back ]  [ Next ]

## ⑦ 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 following pages to view your Health Portal requirements (to upload documents).
2. **DRUG TEST:** You will receive an email from Viewpoint Screening within 1-2 days with your Drug Test 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 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.

Hello Doctor

VIEWPOINT **VP** SCREENING
A BETTER POINT OF VIEW

Log Out

**Dashboard**

View Results

Place New Order

Health Portal

Drug Testing

### Dashboard

••• **Results**

You have NOT placed an order that includes results for a background check and/or drug test.
Select "Place New Order" only if you need a background check and/or drug test.

••• **Drug Testing**

You have NOT placed an order that includes a drug test.
Select "Place New Order" only if you need a drug test performed.

••• **Health Portal**

You have placed an order that in___ ___alth Portal.
Click "Health ___it" to acc___ ___equirements and start uploading documents.
Uploa___ ___y reviewed within 24 business hours.

••• **Health Portal Messages**

••• **eLearning**

You have NOT placed an order for eLearning.
Select "Place New Order" only if your school has requested that you complete eLearning through Viewpoint Screening.

••• **Fingerprinting**

You have NOT placed an order for a fingerprint background
Select "Place New Order" only if your school has requested Viewpoint Screening.

## HOW TO SEE REQUIREMENTS & UPLOAD DOCUMENTS

### Health Portal

⌄ Acceptable Files

**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 yo

**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?

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

Upload CHES Form Document

**OSHA / Bloodborne Pathogens Training**
Requirement Description

Due Date:
08/01/2022

Upload OSHA / Bloodborne Pathogens Training Document

**SAMPLE HEALTH PORTAL**

**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

### 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-p

Click here for the CHES form

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

Select File    Close

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 | Docume Uplo 04/ | Docu Pen Rev |

### Health Portal Messages

**04/20/2022**
blah blkjzhdfk

**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.