VIEWPOINT VP SCREENING

UNIVERSITY OF WISCONSIN WHITEWATER
Education & Professional Studies

BACKGROUND CHECK INSTRUCTIONS

1 GO TO your School's Landing Page on Viewpoint Screening's Website:
https://www.viewpointscreening.com/uww

2 Click on Start Your Order

UNIVERSITY OF WISCONSIN WHITEWATER

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University of Wisconsin-Whitewater has partnered with Viewpoint Screening to provide your background check. 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...

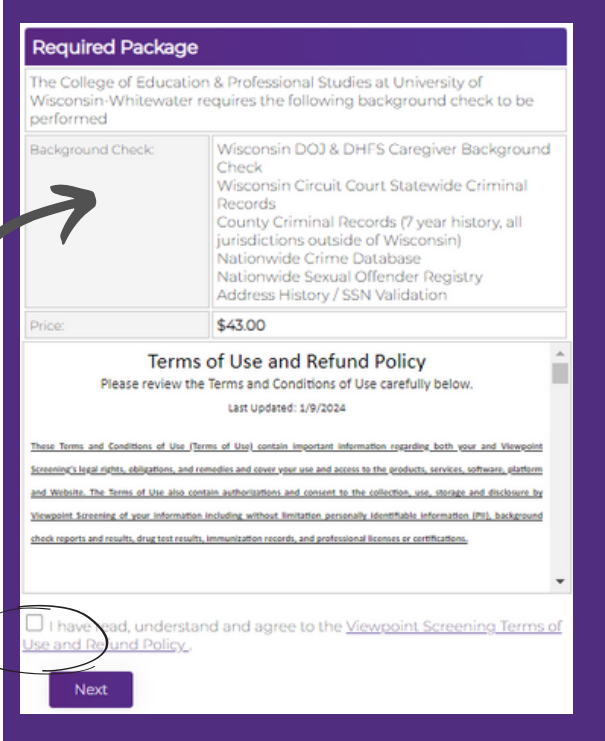- Start Your Order
- View Your Results
- Student FAQs →
- Disclaimer →
- Contact →

3 Choose your program.

It will expand to show you available packages.

Click on the package "Background Check" Under YOUR PROGRAM.

Start Your Order ✕

New Undergraduate Admissions/Office of Field Experience
- Background Check
- Recheck Background Check

Camps and Conferences
- Background Check
- Recheck Background Check

Communication Sciences and Disorders

Counselor Education

Graduate Business Programs

Special Assignments

Student Assistance

SAMPLE

Cancel
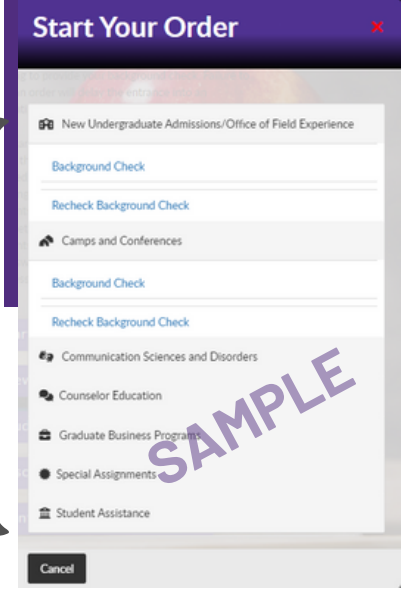
4 Confirm Package.

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 College of Education & Professional Studies at University of Wisconsin-Whitewater requires the following background check to be performed

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 Address History / SSN Validation
Price:	$43.00

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 certifications.

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

Next

❺ 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. § 50.065(8)(c) 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 DQA form F-82064A, Instructions for additional information.

Check the box that applies to you.

○ Applicant / Employee ◉ Student / Volunteer ○ Contractor ○ Other

You will likely choose "Student / Volunteer

Specify if you selected Other

NOTE: This form should NOT be used by [...] Division of Quality Assurance.

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.

Full Legal Name – First: JANE   Last: SMITH

Other Names (includ[...])

Position Title (applied for or existing)   Birth Date: 01/01/2000

Scroll down to fill in all fields.

SCROLL

Sex
○ Male ◉ Female

Home Address: 123 ANYTOWN RD   City: SHEBOYGAN   State: WI   Zip Code: 25875

Business Name and Address – Employer (Entity)

3 Pages

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 [...] 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 [...] complaint, or any other relevant court or police documents.

Provide the required information if the answer was YES
DWLR charge in CUYAHOGA COUNTY IN 2022

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

SCROLL

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

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

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.

SCROLL

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...

QUICK TIPS

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

Read and initial the following statement.

JMS   JORDAN M. SHERMAN   09/06/2024

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

PREV   SUBMIT FORM

cancel

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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.

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.

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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

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*:	O Male O Female
Phone Number*:	(111-111-1111)
E-Mail Address*:	Type 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.	Repeat your email address Re-type your email address. Please make sure you are entering your correct email address. You will be unable to log in or receive communications from Viewpoint Screening if your email address is not valid.

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".

Back   Next

Complete payment section.

Payment Information

First Name*:	
Last Name*:	
Credit Card Number*:	
Exp. Date*:	(MM/20YY)
CVV*?	
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.

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

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

Reset Password