

VIEWPOINT SCREENING



UNIVERSITY OF WISCONSIN
WHITEWATER
Education & Professional Studies



**BACKGROUND CHECK
RECHECK**

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 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](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

Start Your Order

View Your Results

Student FAQs

Disclaimer

Contact

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3 Choose your
program.

It will expand to show
you available
packages.

**Click on the package
"Recheck 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

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 Circuit Court Statewide Criminal Records Address History / SSN Validation
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Price:	\$15.00
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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

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 go 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 employment/service as a "caregiver" who are registered with the Division of Quality Assurance.

Last Legal Name - (last)

JANE

Other Names (Include all names)

Position Title (applied for or existing)

Sex

☐ Male ☒ Female

Home Address - (last)

123 ANYTOWN RD

CITY

SHEBOYGAN

STATE

WI

ZIP CODE

25875

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

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

If Yes, list each charge, when it occurred, and the county and state 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

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

If Yes, list each crime, when it occurred, and the county and state 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.

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

QUICK TIPS

SUBMIT FORM

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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.

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

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.

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(6) and Wis. Admin. Code § DHS 12.05(4).

NOTE: This form should NOT be used by applicants for entity operator approval (business 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.

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

Other Names (including prior to marriage):

Position Title (if applied for or existing): Birth Date (MM/DD/YYYY): 01/01/2001 Sex: ☐ Male ☒ Female

Home Address: City: State: Zip Code:

Check the box that applies to you:

☐ Applicant / Employee ☒ Student / Volunteer

☐ Contractor ☐ Other - Specify:

Reset

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Document Filled Successfully!

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

Check your document for correctness, here:

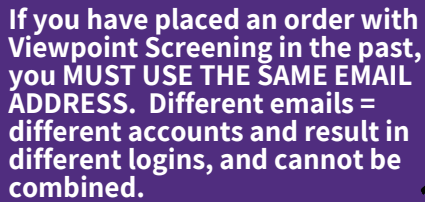
[BACKGROUND INFORMATION DISCLOSURE \(BID\) FOR ENTITY EMPLOYEES AND CONTRACTORS](#)

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



Payment Information

◆ **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.

- 

- ◆ Do not click more than once or you may be charged multiple times.

Next

The following PDF will be attached to your order.
[Click to View](#)

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"/> (iii-iii-iiii)
E-Mail Address*:	<input type="text"/> Type E-mail address.
IMPORTANT	
Your email address will be used for our system to log in. If you have placed a <u>request under</u> , it is recommended to use the <u>same email address</u> to request separate logins. Separate logins will contain separate results, and <u>cannot be combined</u> .	<input type="text"/> 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.	

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" value="United States"/>
Zip Code:	<input type="text"/> Zip Code Lookup Tool Please Note: If you have an international address that does not require a Zip Code, please fill in "00000".

[Next](#)

Once your order is complete, you should be taken to a screen like this to the right.

Change password here, and it will log you in to the Viewpoint System.

ave provided a strong password that will be remembered