

VIEWPOINT SCREENING



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. 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 "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

SAMPLE

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
Price:	\$15.00

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

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

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

Specify if you selected Other

NOTE: This form should NOT be used by applicants for employment or service in the Division of Quality Assurance.

Full Legal Name - First: JANE

Other Names (include maiden name if applicable):

Position Title (applied for or existing):

Sex: Male Female

Home Address: 123 ANYTOWN RD

City: SHEBOYGAN

State: WI

Zip Code: 25675

Business Name and Address – Employer (Entity):

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 Yes, list each charge, when it occurred, and the court where the charge was filed.

Provide the required information if the answer was YES.

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

QUICK TIPS

If Yes, list each crime, when it occurred, and the court where the charge was filed.

Provide the required information if the answer was YES.

DWLR charge in CUYAHOGA COUNTY in 2022

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. § 48.961, 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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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 Dept. of Health Services?

Yes No

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

Provide the required information if the answer was YES

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

QUICK TIPS

Read and initial the following statement:
I have read and reviewed the attached Wisconsin Department of Health Services Form F-82064, BID, and affirm that the information contained therein is true and accurate to the best of my knowledge and belief, and that I have signed this document in my own handwriting.

Initials: **JM** **Name:** **JORDAN M. SHERMAN**

Date: **09/06/2024**

SCROLL

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

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.

Window 1 Window 2

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

Background Information Disclosure (BID) F-82064

DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
F-82064 (01/2022)

STATE OF WISCONSIN
Wis. Stat. § 50.065
Wis. Admin. Code § DHS 12.0564
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)(c). Wis. Admin. Code § DHS 12.0564.

NOTICE: This form should NOT be used by applicants for entry operator approval (including certification, registration or other DHS approval) or by those seeking approval for an individual to reside in entity operator or non-client residence. Applicants for entry operator approval or for a non-client residence 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 (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:

Refer to DQA form [F-2004A, Instructions](#) for additional information.

Reset

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.

You did it! Click continue to finish ordering your background check.

CONTINUE

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

If you have placed an order with Viewpoint Screening in the past, you MUST USE THE SAME EMAIL ADDRESS. Different emails = different accounts and result in different logins, and cannot be combined.

Complete payment.

Payment Information

First Name: [Input Field]
 Last Name: [Input Field]
 Credit Card Number*: [Input Field]
 Exp. Date*: [Input Field] (MM/20YY)
 CVV*: [Input Field]
 Credit Card Type*: [Select Card Type] (dropdown)
 Contact Name (if business): [Input Field]
 Email*: [Input Field]
 Phone Number*: [Input Field]
 Address*: [Input Field]
 City*: [Input Field]
 State*: [Select State] (dropdown)
 Postal Code*: [Input Field]

• 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.

Back **Next**

Upload Release Form

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

Applicant Information

First Name*: [Input Field]
 Last Name*: [Input Field]
 Middle Name*: [Input Field]
 Alias/Maiden Name 1*: [Input Field]
 Alias/Maiden Name 2*: [Input Field]
 Alias/Maiden Name 3*: [Input Field]
 Social Security Number*: [Input Field] - [Input Field] - [Input Field]
 Please Note: If you DO NOT have a valid U.S. SSN then enter all zeros (000-00-0000) instead.
 Date of Birth*: [Select Date] / [Select Month] / [Select Year] (mm/dd/yyyy)
 Gender*: Male Female
 Phone Number*: [Input Field] (111-111-1111)
 E-Mail Address*: [Input Field]
 Type E-mail address.
 Repeat your email address: [Input Field]
 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*: [Input Field]
 City*: [Input Field]
 State or U.S. Territory*: [Select State] (dropdown)
 For an international address, select "international" and select the foreign Country name below.
 Country*: [Select Country] (dropdown)
 United States
 Zip Code*: [Input Field]
 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 Toggle Password
 Confirm your NEW password

I have provided a strong password that will be remembered

Reset Password