

VIEWPOINT SCREENING

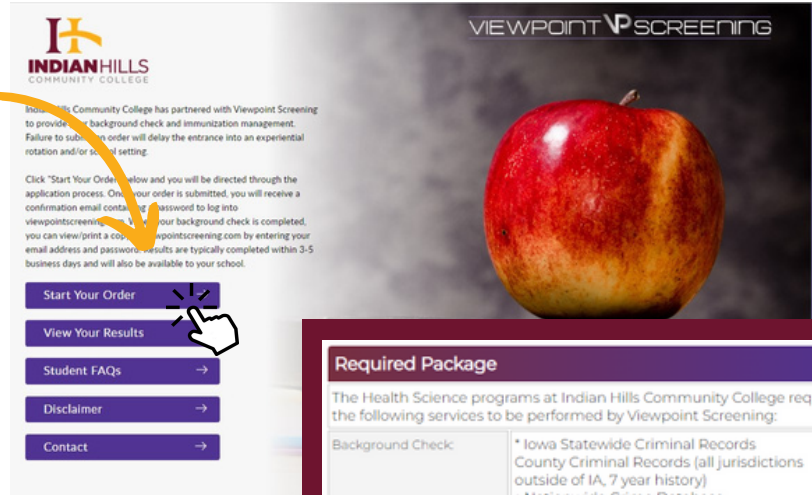


Ordering Your
**Background Check +
Drug Test +
Health Portal**

1 Go to School Page

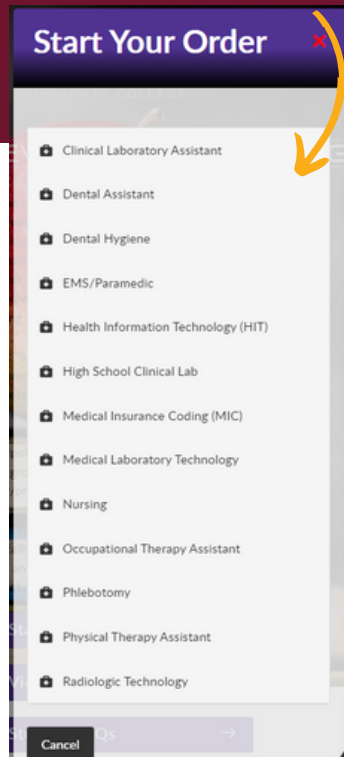
GO TO the School's Landing Page on Viewpoint Screening's Website:
<https://www.viewpointscreening.com/indianhills>

2 Click on 'Start Your Order'



3 Choose your Department .

Then click on the
"Background Check + Drug
Test + Health Portal" package
link UNDER YOUR PROGRAM.



4 Package Summary

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 Health Science programs at Indian Hills Community College requires the following services to be performed by Viewpoint Screening:	
Background Check:	• Iowa Statewide Criminal Records • County Criminal Records (all jurisdictions outside of IA, 7 year history) • Nationwide Crime Database • Iowa Child and Dependent Adult Abuse Registry • Sexual Offender Registry • Healthcare Fraud & Abuse Registries • SSN / Address Validation
Drug Test:	Lab based 10 panel + OXY + MDMA 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:	This package includes document storage. At the end of the order process, you will have the capability to upload specific documents required by your school for immunization, medical or certification records.
Price:	\$132.00
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	

5 FILL OUT AND UPLOAD YOUR RELEASE FORM

5a. DOWNLOAD form at this link. Fill out electronically or print out and fill out manually. COMPLETE all highlighted fields.

Upload Release Form

In order to obtain your Iowa Child and Dependent Adult Abuse Registry search, ***THIS RELEASE FORM*** must be:

FILLED OUT (only fill the highlighted fields)

UPLOADED (upload this form back onto site)

You cannot/will not be able to proceed with your order until this form has been completed and uploaded here.

*** The form may be filled out electronically ***

If the correct form is not provided or if it is not filled out correctly, the Iowa Child and Dependent Adult Abuse item of your background check will be cancelled and you will be required to place a new Iowa Child and Dependent Adult Abuse order at the cost of **\$5.00**.

No file chosen

5b. UPLOAD COMPLETED form here. Make sure you completed all highlighted fields and signed and dated the form.

6 Complete the APPLICANT INFORMATION and address sections as prompted.

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)

7 Complete payment.

Payment Information

First Name:

Last Name:

Credit Card Number:

Exp. Date: (MM/20YY)

CVV*2:

Credit 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.

8 Log In to Your Account

Once your order is complete, you should be taken to a screen to CHANGE PASSWORD and LOG IN. Your username is the email you used to place your account, and the password will be whatever you enter here. When you click "Reset Password," it will automatically 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

Confirm your NEW password

☐ I have provided a strong password that will be remembered

NEXT ➡

1. **HEALTH PORTAL:** Follow instructions on the following pages to view your Health Portal requirements (to upload documents).

2. **DRUG TEST:** After you place your order, you will receive an email from Viewpoint Screening within 1-2 days with your registration information and location of your drug test.

TO LOG IN

Go to
www.viewpointscreening.com

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

Health Portal

Acceptable Files

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

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

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

SAMPLE HEALTH PORTAL

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
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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.