

# VIEWPOINT SCREENING



**Full Screening Package for :  
MIDAS STUDENTS**



- **Background Check**
- **Drug Test**
- **Health Portal**
- **eLEARNING**

**1**

Visit the following link to get started:

<https://www.viewpointscreening.com/syo2/?s=5046151>

**2**

## Review Package.

Once you click on the link, you will be taken to a package summary screen.

After you review your package and the disclaimer/ refund policy, click the button to acknowledge and hit NEXT.



**Required Package**

The College of Nursing at Xavier University requires the following service(s) to be performed by Viewpoint Screening:

Background Check:	Nationwide Crime Database Nationwide Sexual Offender Registry Healthcare Fraud & Abuse Registries
Drug Test:	Lab based 10 panel 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.
eLearning:	HIPAA Training + OSHA / Bloodborne Pathogens  You will receive an email from Viewpoint Screening after 1 business day with eLearning instructions.

**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**

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



## Do not place multiple orders

PLEASE do not place multiple orders. Your school is being charged for your order and will receive duplicate charges for multiple orders. If you are unsure if your order went through or not, please contact Student Support to confirm: [studentsupport@viewpointscreening.com](mailto:studentsupport@viewpointscreening.com)

Or use the instant Chat Mon-Fri EST 9 am - 5pm at [viewpointscreening.com](https://viewpointscreening.com)

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*:	<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"/> (111-111-1111)
E-Mail Address*:	<b>IMPORTANT</b> Your email address will be your user name to log in. <u>If you have placed a previous order, it is recommended to use the same email address.</u>
Current Residential Address:	
Address:	<input type="text"/>
City:	<input type="text"/>
State or U.S. Territory:	<input type="text"/>
Country:	<input type="text"/> (United States) For an international address, select "International" and select the foreign Country name below.
Zip Code:	<input type="text"/> <a href="#">ZIP Code Look Up Tool</a> Please Note: If you have an international address that does not require a Zip Code, please fill in "00000".
Changes cannot be made once you have placed your order. Please make sure you have provided correct information.	
<input type="button" value="Back"/> <input type="button" value="Next"/>	

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## Log In to Your Account

Once your order is complete, you will be taken to a screen like the one shown 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 your password.

RESET THE PASSWORD to your account associated with [greys@anatomy.com](mailto: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 Steps

- **HEALTH PORTAL:** Follow instructions on the following pages to view your Health Portal requirements (to upload documents).
- **DRUG TEST:** You will receive an email from Viewpoint Screening in 1-2 days with your registration information and your testing location.
- **eLEARNING:** You will receive an email with instructions and registration info 1-2 days after ordering.

**NEXT** ➡

## 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 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.

Dashboard

Log Out

Dashboard

View Results

Place New Order

Health Portal

Drug Testing

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.

Health Portal

You have placed an order that includes a Health Portal. Click "Health Portal" to access requirements and start uploading documents. Uploads are typically 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

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

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

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

**SAMPLE HEALTH PORTAL**

## 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-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
<b>Hepatitis B</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
<b>MMR</b> 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."

<b>Hepatitis B Titer</b> 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
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](mailto:studentsupport@viewpointscreening.com)



Instant Chat - bottom right hand corner at [ViewpointScreening.com](http://ViewpointScreening.com)  
Monday - Friday 9 am - 5pm EST.