VIEWPOINT **P**SCREENING



Full Screening Package for: MIDAS STUDENTS



- Background Check
- Drug Test
- Health Portal
- eLEARNING

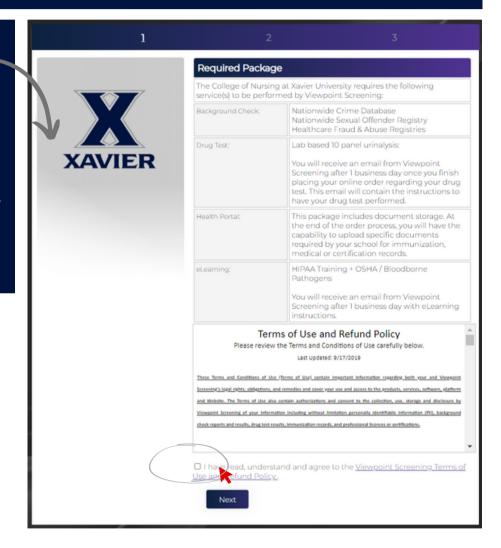


Visit the following link to get started: https://www.viewpointscreening.com/syo2/?s=5046151

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**.





Complete the APPLICANT INFORMATION and address sections as prompted.



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

Or use the instant Chat Mon-Fri EST 9 am - 5pm at viewpointscreening.com

Applicant Informa	ation	
	someone's behalf. Thi liewpoint Screening se	is form must be filled out by the ervices.
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*:	(111-1111)	
E-Mail Address*:	MPORTANT Your email address will be your user name to log in: if you have placed a previous order, it is recommended to Current Residential Address:	
	dio Address*:	ntial Address:
	City:	
	Ty State or U.S. Territory*:	For an international address, select "International and select the foreign Country name below.
	Country:	United States
	Zip Coder:	ZIP Code Look Up Tool Please Note: If you have an international addre that does not require a Zip Code, please fill in "00000".
	co ad	"00000". conce you have placed your order. Please make sure you have

4 Log In to Your Account

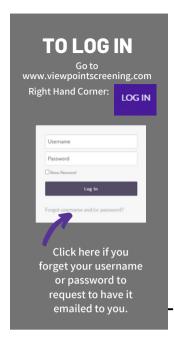
Once your order is complete, you will be taken to a screen like the one shown to the right.

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.

Next Steps

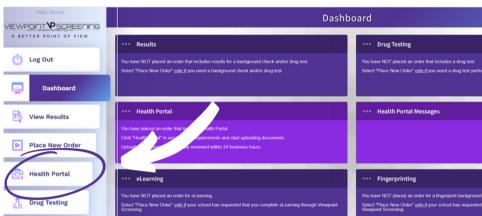
- **HEALTH PORTAL**: Follow instructions on the following pages to view your Health Portal requirements (to upload documents).
- **DRUG TEST**: You will receive an email from Viewpoint Screening in 1-2 days with your registration information and your testing location.
- eLEARNING: You will receive an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



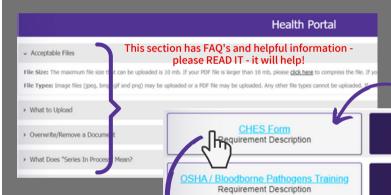


View your HEALTH PORTAL REQUIREMENTS

Now you are logged into your Viewpoint Screening Account. This is your **Dashboard**. Click "**Health Portal**" to VIEW requirements.

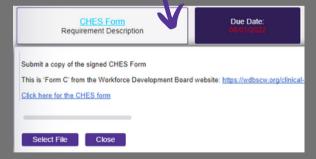


HOW TO SEE REQUIREMENTS & UPLOAD DOCUMENTS



To VIEW YOUR GUIDELINES (what to do) for a particular requirement, click on that item's "Requirement Description."





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

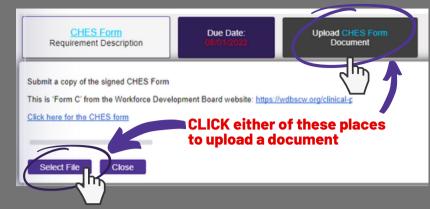
TIPS



- READ the full quideline 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.



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

Requirement Description

Click to view the document(s) you have uploaded

Upload New Hepatitis B Document

04/07/22

Document Not-Approved 04/08/22

Next Action Du

Upload New MMR Document

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.



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

Documei Uplo vd 04/ documents.

Support

You will receive a general reminder email once weekly until you have reached full compliance for all of your



Email us at: studentsupport@viewpointscreening.com



Instant Chat - bottom right hand corner at ViewpointScreening.com Monday - Friday 9 am - 5pm EST.

Health Portal Messages

04/20/2022

blah blkjzhdfk

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.