VIEWPOINT VP SCREENING

X XAVIER UNIVERSITY

Full Screening Package for :
ABSN, DNP, MSN, NP Students

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

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① GO TO the School's Landing Page on Viewpoint Screening's Website:
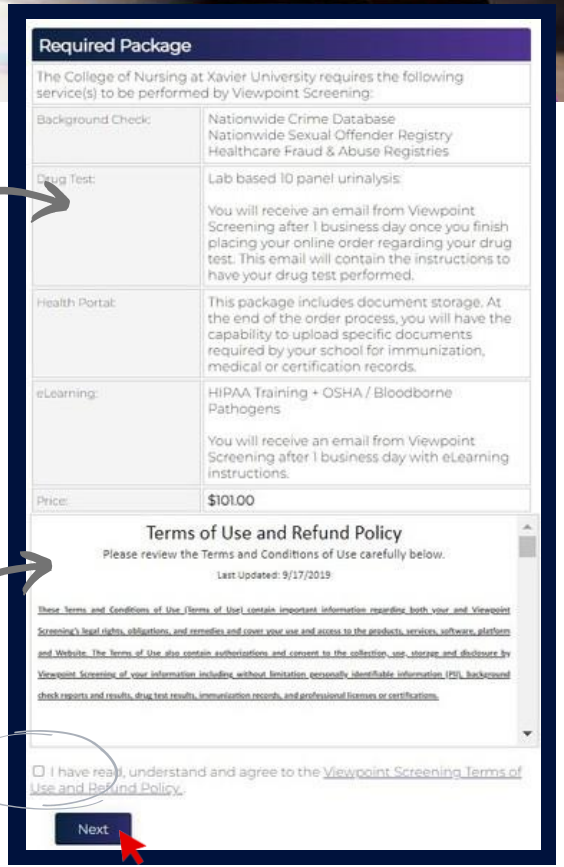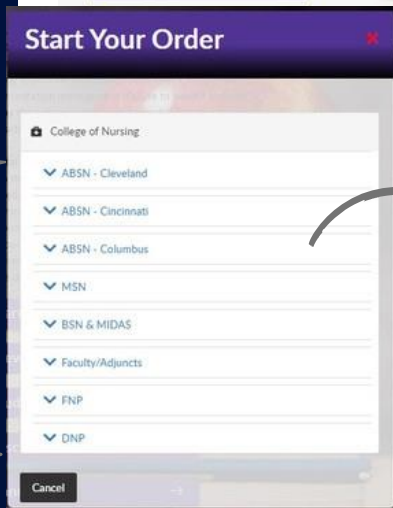**https://www.viewpointscreening.com/xavier**

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② Click on "Start Your Order"

③ Choose Your Program

When you click on your program, it will expand to show you available packages. Click on the option "Background Check + Drug Test + Health Portal + eLearning" UNDER YOUR PROGRAM.

IF YOU ARE NOT CERTAIN about which package to order, please contact your program administrator for help. You will be charged if you order the wrong package.

Start Your Order

🏛 College of Nursing

˅ ABSN - Cleveland

˅ ABSN - Cincinnati

˅ ABSN - Columbus

˅ MSN

˅ BSN & MIDAS

˅ Faculty/Adjuncts

˅ FNP

˅ DNP

Cancel

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.
Price:	$101.00

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

④ 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**.

❺ Complete the APPLICANT INFORMATION and address sections as prompted.

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*:	
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*:	○ Male ○ Female
Phone Number*:	(111-111-1111)
E-Mail Address*:	**IMPORTANT** Your email address will be your user name to log in. If you have placed a previous order, it is recommended to...

❻ Complete payment section.

Payment Information

First Name*:	
Last Name*:	
Credit Card Number*:	
Exp. Date*:	(MM/20YY)
CVV*?	
Credit Card Type*:	Select 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.

Authorize.Net

♦ 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]

Current Residential Address:

Address*:	
City*:	
State or U.S. Territory*:	▾ For an international address, select "International" and select the foreign Country name below.
Country*:	United States
Zip Code*:	ZIP Code Look Up Tool 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.

[Back] [Next]

❼ 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.**

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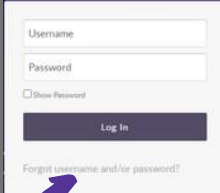
- **HEALTH PORTAL:** Follow instructions on the following pages to view your Health Portal requirements (to upload documents).
- **DRUG TEST**: You will receive an email from Viewpoint Screening in 1-2 days with your registration information and your testing location.
- **eLEARNING**: You will receive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

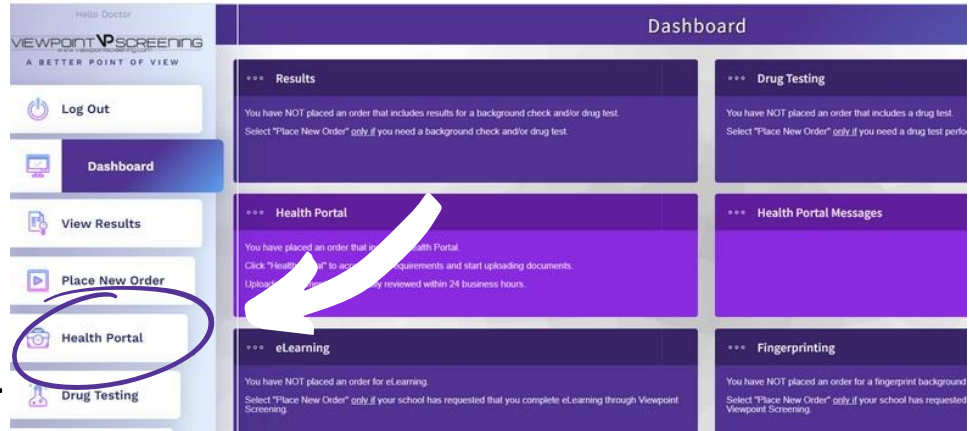**NEXT ➡**

TO LOGIN

Go to
www.viewpointscreening.com

Right Hand Corner: LOG IN

Username

Password

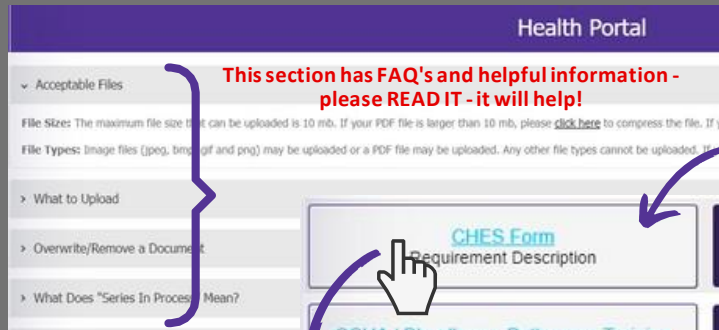☐ Show Password

Log In

Forgot username and/or password?

Click here if you forget your username or password to request to have it emailed to you.

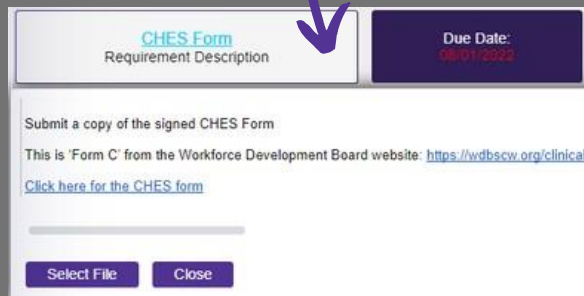## View your HEALTH PORTAL REQUIREMENTS

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

Hello Doctor

VIEWPOINT **VP** SCREENING
A BETTER POINT OF VIEW

- Log Out
- **Dashboard**
- View Results
- Place New Order
- Health Portal
- Drug Testing

Dashboard

••• 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 perfo

••• Health Portal
You have placed an order that in...ealth Portal.
Click "Health...al" to ac...quirements and start uploading documents.
Upload...y 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

This section has FAQ's and helpful information - please READ IT - it will help!

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 yo

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."

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

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

SAMPLE HEALTH PORTAL

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**

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: 06/01/2022 | 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-p

Click here for the CHES form

CLICK either of these places to upload a document

Select File   Close

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 | Documen Uplo... 04/... | Docu... Pen... Revi... |

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.

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