

VIEWPOINT VP SCREENING



STEP BY STEP Instructions for



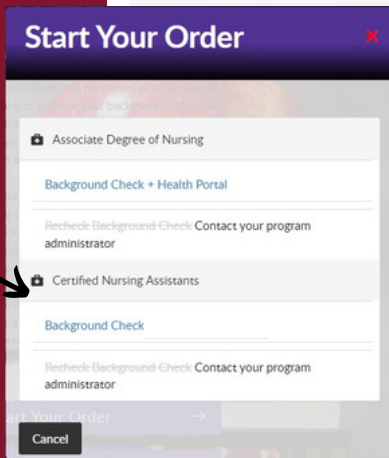
ORDERING YOUR BACKGROUND CHECK with BID form

1 STEP 1: GO TO the School's Landing Page on Viewpoint Screening's Website:
<https://www.viewpointscreening.com/mstc>

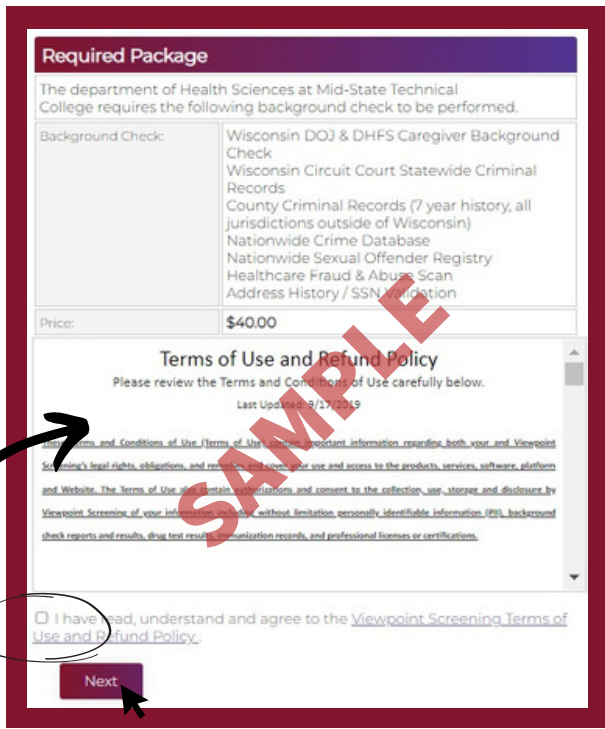
2 Click on Start Your Order



3 Choose your program.
It will expand to show you available packages. Click on the package you have been instructed to order Under YOUR PROGRAM.



4 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.



5 BID PROCESS:

- BID form looks like this (to the right), is an electronically fillable form, AND IS **THREE TOTAL PAGES**. In order for us to obtain Wisconsin background check information:
- You must **FILL OUT** the BID form (electronically fill the form out completely, including initials)
- **SAVE BID FORM TO YOUR COMPUTER**
- **UPLOAD BID FORM** (upload this form back onto Viewpoint Screening site)

You cannot/will not be able to proceed with your order until this form has been completed and uploaded back to our site. SEE BELOW.

**VIEW BID FORM
HERE**

Upload Release Form

To obtain Wisconsin background check information, it is required that **this form**

Download BID HERE (with arrow pointing to this form)

including your initials)

SAVED TO YOUR COMPUTER

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.

UPLOAD BID here AFTER you complete it and save it to your computer (with arrow pointing to 'Choose File' button)

*** All 3 pages must be provided.***
If all 3 pages are not provided or 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**.

Use **this link** to combine PDF files
OR
use **this link** to combine image files into a PDF file.

Choose File to file ch...

When you complete the BID form, **DON'T FORGET TO INITIAL, INCLUDE YOUR NAME, AND DATE.**

INITIAL HERE (with arrow pointing to a yellow circle)

Read and initial the following statement.

I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name - Person Completing This Form
ENTER YOUR NAME HERE

Date Submitted
PUT THE DATE HERE

6

Complete the APPLICANT INFORMATION and address sections as prompted.


Applicant Information

First Name*:	<input type="text"/>
Last Name*:	<input type="text"/>
Middle Name:	<input type="text"/>
Alias/Maiden Name 1:	<input type="text"/> <small>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.</small>
Alias/Maiden Name 2:	<input type="text"/> <small>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.</small>
Alias/Maiden Name 3:	<input type="text"/> <small>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.</small>
Social Security Number*:	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Please Note: If you have not been issued a valid U.S. SSN then enter all zeros (000-00-0000) instead.</small>
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*:	<input type="text"/>

Complete payment section.

Payment Information	
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Credit Card Number*:	<input type="text"/>
Exp. Date*:	<input type="text"/> (MM/20YY)
CVV*2:	<input type="text"/>
Credit Card Type*:	<input type="text"/> Select Card Type
Contact Name (if business):	<input type="text"/>
Email*:	<input type="text"/>
Phone Number*:	<input type="text"/>
Address*:	<input type="text"/>
City*:	<input type="text"/>
State*:	<input type="text"/>
Postal Code*:	<input type="text"/>

♦ 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. They should be made aware of this transaction.



♦ WARNING: Your credit card will be charged \$ 20.00 when you click "Next". This fee is non-refundable under any circumstances.
 ♦ Do not click more than once or you may be charged multiple times.

Current Residential Address:

Address*:	<input type="text"/>
City*:	<input type="text"/>
State or U.S. Territory*:	<input type="text"/> <small>For an international address, select "International" and select the foreign Country name below.</small>
Country*:	<input type="text"/> United States
Zip Code*:	<input type="text"/> ZIP Code Look Up Tool <small>Please Note: if you have an international address that does not require a Zip Code, please fill in "00000".</small>

Back

Next

7

Log In to Your Account

Once your order is complete, you should be taken to a screen to 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