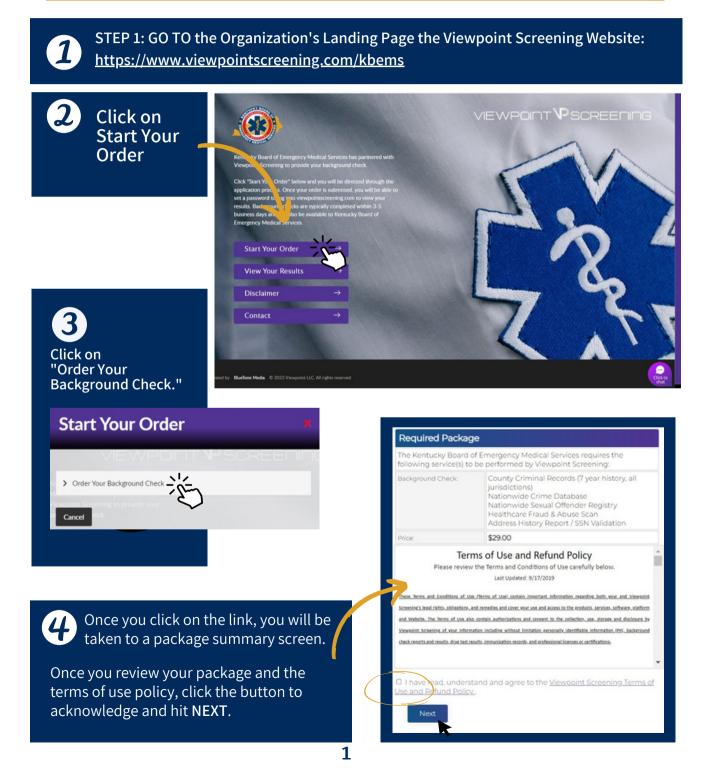
VIEWPOINT **V**SCREENING



The Kentucky Board of Emergency Medical Services has partnered with Viewpoint Screening to provide background checks. Follow these instructions to



ORDER A BACKGROUND CHECK.



Complete the APPLICANT INFORMATION and address sections as prompted.

5

Applicant Information

Do not place an order on someone's behalf. This form must be filled out by the individual who requires Viewpoint Screening service

| h | Complete payment section |
|---|--------------------------|
| | complete payment section |

| First Namet: | |
|--------------------------------|--|
| Last Name*: | |
| Credit Card Number* | |
| Exp. Date*: | (MM/20YY) |
| CVV*2 | |
| Credit Card Type*: | Select Card Type 👻 |
| Contact Name (if business): | |
| Email*: | Payment receipt will be sent to this email |
| Phone Number*: | |
| Address*: | |
| City*: | |
| State*: | ~ |
| Postal Code* | |

| First Name* | | | |
|------------------------|---|--|--|
| Last amet: | | | |
| Middle Name: | | | |
| Alias/Maiden Name 1: | leave this field | you DO NOT have an alias name, blank. Only provide if you have vithia the last? years. | |
| Alias/Maiden Name 2: | leave this field | Not NOT have an alias name, bank. Only provide if you have whin the last 7 years. | |
| Alias/Maiden Name 3: | leave this field | you DO NOT have an alias name, blank. Only provide if you have vithin the last 7 years. | |
| Social Security Number | Please Note: If |) • you have not been issued a valid enter all zeros (000-00-0000) | |
| Date of Birth*: | |)/ (mm/dd/yyyy) | |
| Gender*: | O Male O | O Male O Female | |
| Phone Number*: | |) (111-111-1111) | |
| E-Mail Address*: | log in. <u>If you have</u> to <u>use the same e</u> Separate logins w | email address will be your user name to <u>placed a previous order</u> , it is recommended mail address to prevent separate logins, il contain separate results / medical annot be combined. | |
| | Current Resident | tial Address: | |
| | Address*: | (| |
| | City*: | | |
| | State or U.S. Territory*: | For an international address, select "Internation and select the foreign Country name below. | |
| | Country | United States | |
| | Zip Codet: | ZIP Code Look Up Tool Please Note: If you have an international addres that does not require a Zip Code, please fill in "00000". | |

7 Log In to Your Account

Once your order is complete, you should be taken to a screen like this below:

WARNING: Your credit card will be charged \$ 29.00 when you click "Next." e is non-refundable under anv circumstances.

Do not click more than once or you may be charged multiple times.

Your username will be the email you used to set up your account.

this transaction

This

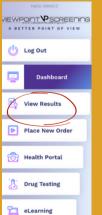
Back

Change password here, and **it will** log you in to the Viewpoint System.

| | en submitted. Please be aware that background check or a drug test. |
|--|--|
| | |
| ou can now access your Heal ocuments. | th lorgel to upload required |
| bu will be automatically logg reate/change your password. | ed into your account once you |
| lease RESET THE PASSWOR | D to your account associated with |
| asswords must contain one of pecial characters, and must b | or more numbers, one or more be at least 12 characters long. |
| Enter your NEW password | C Toggle Password |
| Confirm your NEW password | |
| O I have provided a strong pa | ssword that will be remembered |
| Reset Password | |
| | |
| | |

Viewing Results 8

Back



Fingerprinting

Background Checks generally take 3-5 business days. Once completed, you will receive a PDF Copy of your report on your Viewpoint Screening Dashboard under the "View Results" Tab.

Support 🛲

Need help? Email us at: customerservice@viewpointscreening.com

ViewpointScreening.com Monday - Friday 9 am - 5pm EST.