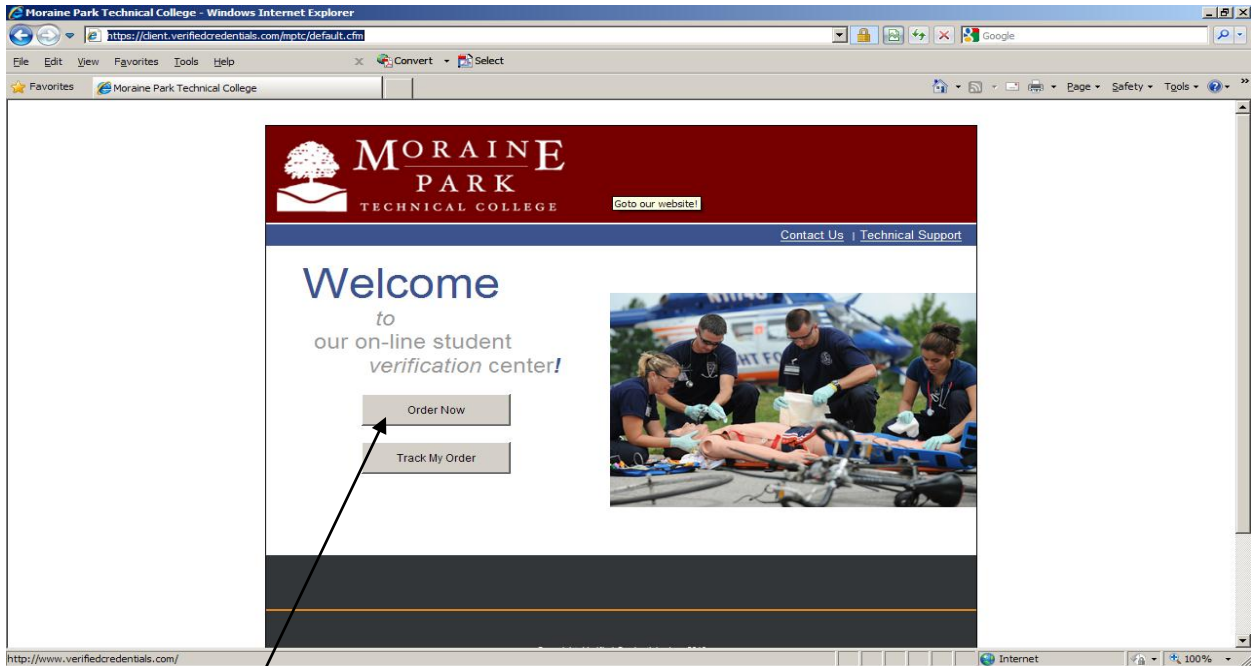
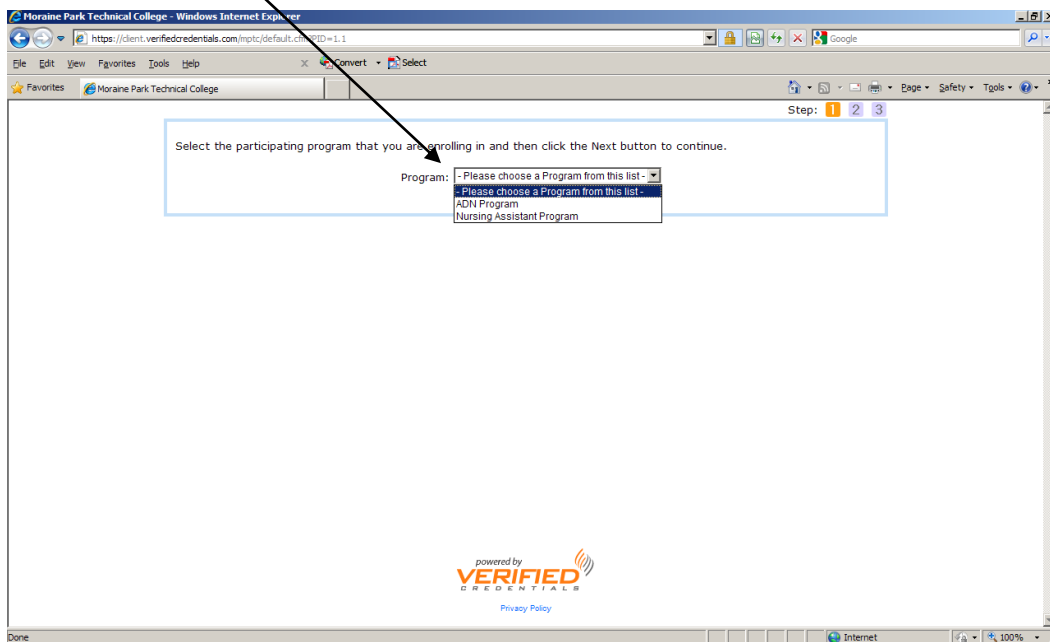


On-Line Criminal Background Check

1. Go to <https://client.verifiedcredentials.com/mptc/default.cfm>. Cost for the online Criminal Background check is \$44.00. Please have a credit card or checking accounting information available for your use.



2. Select order now
3. Select the program the criminal background check is being run for.



4. The following information will be checked during this process. Review and click “Next”.

The screenshot shows a web browser window titled "Moraine Park Technical College - Windows Internet Explorer". The address bar shows a URL from verifiedcredentials.com. The page content includes a dropdown menu for "Program" with "ADN Program" selected. Below this, a list of background checks to be conducted is shown: Wisconsin DOJ Criminal History, Wisconsin DHS Background Information, FACIS® Level 1, and Out of Wisconsin Criminal History (if applicable). The price is listed as \$44.00 USD. A "Next" button is located at the bottom of the form area. A black arrow points from the top right of the page towards the "Next" button. At the bottom of the page, there is a logo for "powered by VERIFIED CREDIT" and a "Privacy Policy" link.

5. Complete the required information as listed below.

The screenshot shows a web browser window titled "Moraine Park Technical College - Windows Internet Explorer". The address bar shows a URL from verifiedcredentials.com. The page content is a form titled "Enter Your Information Below" with a "Denotes required" note. The form fields include: Last Name*, First Name*, Home Phone*, Daytime Phone, E-mail Address*, Social Security Number (No dashes), National Identification Number, Date of Birth (MM/DD/YYYY)*, Current Address section with Move In Date (MM/YYYY), Years At This Address* (0 if less than 1 year), Number, Dir., Street*, Type, Dir., Apt/Unit, City*, State* ([Select a State]), Postal Code*, and Country* (United States). Below these fields, there is a section for "Please add any previous addresses you have used in the last 7 years." with "From Date (MM/YYYY)" and "To Date (MM/YYYY)" fields. The form is set against a blue background with white text and input fields.

6. Continue on to the “next step”.

7. Follow the directions below and continue on to the next step.

The screenshot shows a web browser window titled "Moraine Park Technical College - Windows Internet Explorer". The address bar contains a URL from verifiedcredentials.com. The main content area has a large "Attention!" heading and a box instructing the user to "PRINT or WRITE DOWN the following information. You will use it during the completion and tracking of your order." Below this is a table of tracking information:

Tracking Number:	1556269
Web Address:	www.myvci.com/ordertracker
Location:	Moraine Park Technical College
Program:	Nursing Assistant Program
Email Address:	jdoe@student.morainepark.edu

At the bottom of the page, there are two buttons: "PRINT THIS PAGE" and "NEXT STEP >". Below the buttons is a navigation bar with three tabs: "Demographics", "Signed Release", and "WI BID Form". The "Signed Release" tab is currently selected. At the very bottom, there is a logo for "powered by VERIFIED CREDENTIALS".

8. Complete the required Disclosure & Authority to Release Information as seen below.

The screenshot shows the same web browser window, but now on the "Signed Release" tab. The page title is "Disclosure & Authority to Release Information" and the date is 10/12/2010. The form contains several paragraphs of text explaining the process and the user's consent. At the bottom, there are input fields for "First Name" (John), "Last Name" (Doe), and "SSN" (111222333). Below these fields are radio buttons for "I would like a copy of my report" (Yes, No) and "I Do Not Agree", "I Agree". A red instruction says "Use your mouse and click/hold mouse button to sign your name in the box below." Below this instruction is a signature box containing a handwritten signature "John Doe".

- Complete both pages of the State of Wisconsin BID form as seen below. If you have resided outside of Wisconsin in the past three years, you will be required to pay an additional fee for the state or states that you had resided. If you have resided outside of the country in the past three years, please contact the BID Office at 920-924-3251 for additional information.

PERSONAL IDENTIFICATION INFORMATION
 This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary. However, your date of birth and state of birth to identify individual matches of persons with criminal convictions. For example, the Department of Health Services (DHS) uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

**DEPARTMENT OF HEALTH SERVICES
 FID2064 (1/09)**

**STATE OF WISCONSIN
 Chapters 48.655 and 48.656, Wis. Stats.
 DHS 12.06(1), Wis. Admin. Code
 Page 1 of 2**

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of chapters 48.655 and 48.656, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract. Refer to the instructions (FID2064) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.
 Employee - Contractor (including new applicant)
 Household member / lives on premises - but not a client
 Applicant for a license or certification or registration (including continuation or renewal)
 Other - Specify: Student

NOTE: If you are an employer, contractor, board member, or non-client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, FID2064, and the Appendix, FID2065, and submit both forms to the address instructions.

Name - First and Middle: John A. Name - Last: Doe Reason The (Contractor) or (You are a prospective employee or contractor, or a household member or contractor): N/A
 Any Other Names By Which You Have Been Known (Including Former Names): N/A Birth Date: 01/01/1975 Gender (M/F): N/A Race: N/A
 Address Street, City, State, ZIP Code: 123 Main Street Fond du Lac, WI 54935 State Security Number: 111-22-2333
 Business Name and Address - Employer or Care Provider (Only): Moraine Park Technical College, 2151 N. Main St., West Bend, WI 53090

SECTION 4 - CRIME, CRIMINAL RECORDS, AND OFFENSES THAT MAY AFFECT A SAFE OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or have you ever convicted of any crime anywhere, including in Federal, state, local, military, or tribal courts? If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever found to be adjudicated, convicted by a court of law, or after your 10th birthday for a crime or offense? (NOTE: A response to this question is only required for girls and female sex offenders and only applies for children.) If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the judgement of conviction, the adjudication, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> Only employees and regulatory agencies entitled to obtain this information per sec. 48.85(17) are authorized to, and should, check this box. If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person (client)? If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>

FID2064 (1/09) Page 2 of 2

- Review your information on your online application, make any necessary changes and complete.

- Complete required payment information.

Verified Credentials, Inc., if you or the card number disputes these charges with the credit card company, a \$30.00 fee will be added to your re-payment.

Customer Information
 John Doe
 123 Main Street
 Fond du Lac WI 54935
 United States

Program: Nursing Assistant Program
 Price: \$44.00 USD

Payment Options

Credit Card **Paying with a prepaid or "gift" credit card?**

Card Type: [Select Card Type]
 Card Number: _____
 Card Expires: [Month] [Year]
 Person's Name on Card: _____ (Where can I find this?)
 Card Security Code: _____ (Where can I find this?)
 Billing Postal Code: _____ (Where can I find this?)

Bank Transfer

Bank Name: _____
 Account Type: [Checking]
 Routing Number: _____
 Account Number: _____

Money Order or Cashier's Check

NOTE: When sending payment by mail, **personal checks are NOT accepted.** Payments sent by mail must be made payable to **Verified Credentials, Inc.** in the form of a **money order or cashier's check.**

Your background check(s) will not be processed until we receive your payment.

Place Order

- Place your order. Once your criminal background check has been processed, you will receive a confirmation email and you will be able to log back into to Verified Credentials to see your results.

Please note if Verified Credentials finds a discrepancy, they will contact you via email for clarification and the criminal background check will not be completed until you have provided the requested information.

Discrepancy Review

Criminal background checks with a discrepancy will be reviewed for acceptance by program Dean and Clinical Agencies. Review process can take 4 to 6 weeks to complete. Student will be notified of either Acceptance or Denial into their program of choice after the decision has been made.

Should you have any questions, please direct all questions to Michele Merten, at 920-924-3251 or email at mmerten@morainepark.edu.

Thank you for your cooperation.