#### Version 1 - 04/05/23

#### VIEWPOINT CREENING C



4

Package

# $(\mathbf{c})$

Ordering Your **HEALTH PORTAL -Viewpoint Screening** 

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

### **Click on** 'Start Your Order'

Go to

#### Choose your Program. Then click on the "Health

Portal (Immunization Tracker" package link.

#### Start Your Order

Advanced EMT 6 Gentral-Service Techn Criminal Justice Dental Assistant a Early Childhood Education Educational Assistant C EMT/Fire Foundations of Teacher Education Health Information Technology Healthcare Electronics Technician Healthcare Technology Management Human Services Associate C Law Enforcement Medical Laboratory Technology Medical Assistant Nursing Nursing Assistant Occupational Therapy Assistant Paramedic Technician D Phlebotomy D Physical Therapy Assistant Radiography

- Respiratory Therapy
- Surgical Technology



### Once you click on Summary 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.

	2	3	4
للا ا	Required Pack	age	
	you will have the c		t the end of the order process, ic documents required by ertification records.
Western	Health Portal:	Viewpoint Screen	ing Review (indefinitely)
WCSICITI	Price:	\$20.00	
Technical College	Disclaim) and Refe	SAM	PLE

	nplete the APPLICANT	Applicant Inform	
	ORMATION and address	First Name*:	
sect	tions as prompted.	Last Name*	
		Micker Name:	
-Mail Address: IMPORTANT Your email address will be			
	e to log in. If you have placed a previous point Screening (to order your	Date of Birth*	v/v/(mm/dd/yyyy)
e same email parate logins edical docum	eck, for example), it is NECESSARY to use address to prevent separate logins. s will contain separate results and/or ients, and CANNOT BE COMBINED.	E-Mail Address*:	IMPORTANT Your email address will be your user name to in. If you have placed a previous order, it is recommended use the same email address to revent separate logins. Separate logins will contain a parate results / medical documents, and connet be combined.
Payment Inform			Re-Type E-mail address. Please make sure you are entering your correct email
Last Name:			address. You will be unable to log in or receive
Credit Card Numbert			communications from Viewpoint Screening if your email address is not valid.
	[MM/20YY]		
Exp. Date*:			
Exp. Date*: CVV*2		Current Residen	tial Address:
	Select Card Type V	Current Resident	tial Address:
CVV*2	See Card Type V	Current Resident	tial Address:
CVV*2 Credit Card Type* Contact Name (if			tial Address:
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CVV-2 Credit Card Typer: Contact Name (if business): Email: Phone Number: Address: City: State: Postal Code: • IMPORTANT: Please in the credit card's issuin typerate business of for sec Viewpoint LLC' will ag • A Parent or Cuardian't this transaction. • W-9 form will NOT business Autoente Set	Payment receipt will be sent to this email Payment of the sent to the sent to the sent to the sent for up to the sent to the payment of the sent to the sent	Address*: City*: State or U.S. Territory*: Country*: Zip Code*:	For an international address, select "International address, select "International address, select "International address and select the foreign Country name below. United States  I United States I United States  I United States  I United States  I United States I United States I United States I United States I United States I United States I

## **Log In to Your Account**

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

Thankyou 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 grey@anatomy.com Basswords must contain one or more numbers, one or more special characters, and must be at least 12 characters long. Entry you NEW password Codim your NEW password I have provided a strong password that will be remembered Reset Password	
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@anatomycom         Passwords must contain one or more numbers, one or more special characters, and must be at least 12 characters long.         Entry yee NEW password       Droggle Password         Codim you NEW password       Droggle Password         I have provided a strong password that will be remembered	
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 Confirm your NEW password I have provided a strong password that will be remembered	
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Confirm your NEW password  I have provided a strong password that will be remembered	
I have provided a strong password that will be remembered	Enter your NEW password
	Confirm your NEW password
Reset Password	I have provided a strong password that will be remembered
	Reset Password



#### NEXT STEPS:

1. <u>HEALTH PORTAL</u>: Follow instructions on the following pages to view your Health Portal requirements (to upload documents).





- Upload a file to correspond with this requirement

on the document (before and

AFTER upload).

