OK-SCREEN
Demonstration

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Website: http://onbc.health.ok.gov
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<td>143-150</td>
</tr>
</tbody>
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To generate a Consent and Release form for a new applicant, go to the Applications tab and click on “Application Forms.”
You will then see this screen.
Click on the “Consent and Release” form hyperlink. When you request a form from OK-Screen, you will be prompted by a message like this to either open the file, save it or cancel.
Registry and Criminal History Record Check
Consent and Release Form

This form is provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947(H), which requires that an applicant shall provide the employer a government photo identification of the applicant and written consent for the employer to conduct a registry screening and the Bureau [Okla. State Bureau of Investigation (OSBI)] to conduct a state and national criminal history record check under this section. The employer shall maintain the written consent and information regarding the individual’s identification in their files for audit purposes.

For the purposes of documenting the individual’s identification, it is recommended a copy of the identification be maintained with the applicant’s written consent.

Employer must retain the signed applicant consent.

Instructions to Applicant: Prior to employment with an employer subject to the Long Term Care Security Act [63 O.S. 1-1945 et. seq.], an applicant must consent to a check of state and/or national licensure, certification, abuse, exclusion and offender registries, and fingerprinting for a state and national criminal history records check as required. Applicants with an active employment history in OK-SCREEN or previously fingerprinted for a license, certification or permit in Oklahoma where the authority having jurisdiction for the license, certification, or permit employs electronic criminal history monitoring, may not require fingerprinting. With your written consent below, the employer will submit your information through the OK-SCREEN portal for checks against state and national registries. If cleared, and the employer wishes to proceed, you will be notified via email or telephone the employer has authorized you to schedule an appointment for fingerprinting. You will be responsible for a Ten Dollar ($10) administrative processing fee at the time the appointment is scheduled unless the employer elects to pay the fee. You will have ten (10) calendar days to submit your fingerprints through an authorized collection site or your application shall be deemed withdrawn and you will be required to start the application process over. [63 O.S. § 1-1947(l)(4)]
Click on the “Home” tab to return to the main screen.
The counts are hyperlinked to records. The first option, “Not Yet Submitted” resumes work on incomplete submittals.
The last names are hyperlinked to view the record or the user can resume or withdraw the record.
Select ‘Applications’ to start a new entry.
Select ‘Add New’ and enter the SSN and Last Name OR Date of Birth

Note that OKSCREEN does not rely on your web browser’s back button. Instead use the back button on the screen or select options from the menu bar.
Since the applicant was not found we will add a new applicant.
Both Aliases and Prior Addresses can be entered.
Let’s say Millie worked in Texas and Arkansas previously. Select ‘Add New’
Add Prior Address

* Required

Prior address should be within the last 7 years

City: Dallas
* Year From: 2007

State: Texas
* Year To: 2010

Primary Phone Type: Home
Secondary Phone Type: 

Same as Permanent Address

Aliases/Prior Names (Includes all names by which an applicant is currently known or has been identified as)

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>SSN</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>TestFreeman</td>
<td>Millie</td>
<td>Q</td>
<td>555-55-5554</td>
<td>01/01/1961</td>
</tr>
</tbody>
</table>

Prior Addresses within the last 7 years

This individual does not have any prior addresses entered.
With the personal and demographic information complete, we’re ready to check the licensure and registry status.
If the applicant has a license not discovered in the system you may record that information by selecting the ‘Add license/Certification’ button.
Click the Select box for a license/certification listed if it is (1) held by the applicant, (2) required in order to be hired for the position for which the applicant is applying, and (3) has an Active status. One or more items may be shown and can be clicked.

Select box:

Add License/Certification

Position Applied For:
- Required
  - Provider: BEADLES
  - Position Category: Technical
  - Position: Nurse Aide
  - Employee Type: Employee

Close Due to Invalid License/Cert

Withdraw | Save and Close
The application process requires the applicant to provide photo ID and written consent for the registry screening and fingerprint submission. Here the user confirms this was done. After checking this confirmation, click on “Next” to go to the Registry Screening function.
This is the Research Registries screen where you can check your applicant for a presence on the listings.

This drop-down will not be enabled until you click on the hyperlink to the corresponding registry.

Registries that are not auto-matched are searched by clicking the hyperlink to open a new web browser window. Click on the first registry listed which is a required registry search under the new law.
The Research Registries screen expands based on the addresses selected. In this example the nurse aide registries from Arkansas and Texas have been added based on our earlier selections. Note that some registries are optional.
You may still add registries using the ‘Research Registries Not Listed’ button
Notice that the KS Nurse Aide Registry now appears on the Registry Research page. We’ll look at how to process the registries.
This is the Child Care Restricted Registry or Joshua’s List. Click on the Public Inquiry.
This search can be done based on SSN or Name. Click on Find SSN.
You are looking to see that this applicant is NOT on the registry.
After a hyperlink has been activated its use is recorded in the ‘Research Requirements’ column. The ‘Research Results’ drop down list is now activated to record the results. Click on the down arrow and select “Cleared.”
The options are ‘Cleared,’ ‘Not Cleared’ or ‘Flagged for Review.’ For any selection, the date and time of selection is recorded along with the user account responsible for making the determination. We will select ‘Not Cleared’ for the purposes of demonstration on the next slide.
If ‘Not Cleared’ or ‘Flagged for Review’ are selected, entries in the comment box are required as indicated by the red asterisks.
Where ‘Auto-Match’ is shown this indicates the SSN is automatically checked against the database. A zero indicates there were no abuse findings matched on that SSN and the results may be marked ‘cleared.’ You do not need to select the hyperlink where automatch is available, just use the drop down box.
Screenshot of the Sex Offender Web browser. With automatch, you will not need to visit this web-page, it is optional.
Screenshot of the List of Excluded Individuals/Entities Search. With automatch, you will not need to visit this web-page unless you have a name match. In which case, you will need to confirm by visiting the page to match on SSN.
Here’s the results screen capture from the List of Excluded Individuals/Entities Search. In OK-SCREEN, use the Ctrl-F4 key combination to quickly close a browser window and record the results.
A name search may return several possible matches. If you are unsure about a match, you can click on “Verify” to check the SSN against this record.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>General</th>
<th>Specialty</th>
<th>Exclusion</th>
<th>Waiver</th>
<th>SSN/EIN</th>
<th>Verify</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMITH</td>
<td>JOHN</td>
<td>D</td>
<td>MEDICAL PRACTICE, MD</td>
<td>GENERAL PRACTICE</td>
<td>1128(b)(14)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMITH</td>
<td>JOHN WILLIAM</td>
<td></td>
<td>MEDICAL PRACTICE, MD</td>
<td>PLASTIC SURGERY</td>
<td>1128(b)(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMITHEY</td>
<td>JOHN</td>
<td></td>
<td>NURSING PROFESSION</td>
<td>NURSE/NURSES AIDE</td>
<td>1128(b)(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type the SSN of your applicant in this box and click on “Verify.”
Exclusions Search Results: Verify

Return to Search Results| Begin a New Search

First Name: JOHN
Middle Name: D
Last Name: SMITH
DOB: 06/06/1970
NPI: Unknown
UPIN: Unknown
General: MEDICAL PRACTICE, MD
Specialty: GENERAL PRACTICE
Address: 788 S 15TH STREET
          PHILADELPHIA, PA 19146-0000
Ext. Type: 1128(b)(14)- DEFAULT ON HEALTH EDUCATION LOAN OR SCHOLARSHIP OBLIGATION
Ext. Date: 04/20/2003
Waiver: 

Verification conducted 2/6/2014 2:55:42 PM EST on OIG LEIE Exclusions database.
Source data updated on 1/8/2014 2:28:00 PM EST.

To verify if you have a match, please enter a Social Security Number (SSN) or Employer Identification Number (EIN) without dashes (123-45-6789).

999999997 Verify

NO MATCH

Name and SSN DO NOT MATCH
The OK On-Demand Court Records provide a name based manual search of Oklahoma Court Records
With a name based court records search you may find multiple matches on a name. You will need to compare other data such as middle name, date of birth, and address to confirm a match. That’s why we’re moving to a fingerprint based background check but this can be a valuable pre-screening tool.
When the ‘Auto-Match’ has matches, this indicates there were negative findings matching the SSN. However, the OIG list auto-matches on name. Selecting the hyperlink opens the results window.
The red box indicates there was a substantiated finding as of 1/19/2014 posted to the Nurse Aide Abuse Registry. You can copy and paste this text to the comment box. Click the X to close the box and enter the finding.
When you flag a registry as “Not Cleared,” notice that the comment block becomes mandatory, as denoted by the red asterisk. Click on the “Add” button to add a comment. You can paste information into the box.
This is the dialog box that will appear when you click on the “Add” button. Enter the text and click on “Save.”
When you return to the Registry Check screen, click on the “Next” button. This will close the application.
You will be asked if you are sure that you want to close the application that was not cleared. If this is correct, click on “Yes.”
This is the confirmation that you have closed the application. Click on “OK Final Registry Results” hyperlink to open the report.
You will get the message below asking if you want to open or save the OK Final Registry Results report. We’ll open it.
Final Registry Results Form

1/19/2014 1:39:38 PM

Beadles Nursing Home (NH7601)
916 NOBLE
ALVA, OK 73717

OK-SCREEN
Oklahoma Screening and Registry Employee Evaluation Network
http://onbc.health.ok.gov
Oklahoma State Department of Health
1000 NE 10th
Oklahoma City, OK 73117
855-584-3550

580-327-1274

Application Detail related to Licensing and any Registry Events that may be associated with this Person.

### Applicant Information

<table>
<thead>
<tr>
<th>Application #:</th>
<th>628</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Millie Q. Testaide</td>
</tr>
<tr>
<td>Address:</td>
<td>123 Main Street, Alva, OK 74567</td>
</tr>
<tr>
<td>County:</td>
<td></td>
</tr>
<tr>
<td>Place of Birth:</td>
<td>US: California</td>
</tr>
<tr>
<td>SSN:</td>
<td>XXX-XX-5554</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>1/1/1961</td>
</tr>
<tr>
<td>Race:</td>
<td>White</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>Eye Color:</td>
<td>Brown</td>
</tr>
<tr>
<td>Hair Color:</td>
<td>Brown</td>
</tr>
<tr>
<td>Weight:</td>
<td>125</td>
</tr>
<tr>
<td>Height:</td>
<td>5'4&quot;</td>
</tr>
</tbody>
</table>

### OK Child Care Restricted Registry

<table>
<thead>
<tr>
<th>Registry URL:</th>
<th><a href="https://ccrrpublicj1.odhs.org/ccrrpublicj1/public/">https://ccrrpublicj1.odhs.org/ccrrpublicj1/public/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registry Contact:</td>
<td>Licensing Records Office</td>
</tr>
<tr>
<td>Registry Contact Phone #:</td>
<td>800-347-2276</td>
</tr>
</tbody>
</table>

This is the first page of a several-page report. Its length will depend on the registries that you may have added. Note identifiers for the provider, OK-Screen and the applicant.
Note the annotation from the Oklahoma Nurse Aide Registry.
Note that some of the registries were not checked because the review was halted after a negative finding. Each registry includes contact information.
Adding an applicant that is already in OK-SCREEN

Enter Search Criteria

If using the Name field, be sure to type the LAST name as it appears on the applicant's driver's license or valid government issued ID. This cannot be changed once you start the application.

An Individual Taxpayer Identification Number (ITIN) is a tax processing number issued by the Internal Revenue Service. The ITIN should be used as a substitute for the SSN only if the applicant does not have a Social Security number issued by the Social Security Administration (SSA).

* SSN / ITIN: 999-99-9997  AND  Last Name: Testaide  OR  Date of Birth:  

Search

walterjbeadlesPAM  

Training – Version: 20131209
Tammy Testaide, XXX-XX-9997, 11/1/1985
Current Fitness Determination: Eligible for Employment
Current Employment Status: Not Employed

Profile Applications Employment Documents

Personal and Demographic Information
* Required
  * First Name: Tammy
  * Middle Name:
  * Last Name: Testaide
  * Suffix:

Permanent/Physical Address
* Address Line 1: 1000 NE 10th St.
* City: Oklahoma City
* State: Oklahoma

SSN: XXX-XX-9997 This is an ITIN: No
* Date of Birth: 11/1/1985
* Race: White
* Gender: Female
  * Eye Color:
  * Hair Color:
  * Height:
  * Weight: lbs
  * US Citizen:
**Enter Pre-Employment Information**

**Tammy Testaide, XXX-XX-9997, 11/1/1985**

**Licenses/Certifications**

Licensing Registries that were auto-matched: OK Nurse Aide & Non-Technical Service Worker Abuse Registry

Click the Select box for a license/certification listed below if it is (1) held by the applicant, (2) required in order to be hired for the position for which the applicant is applying, and (3) has an Active status. One or more items can be clicked.

If the applicant's license/certification is listed below but is no longer valid because it is Expired or Revoked, click the Close Due to Invalid License/Cert button at the bottom of the page to end this application.

If the position does not require a license/certification, one does not need to be selected.

<table>
<thead>
<tr>
<th>Name of License</th>
<th>Address on License</th>
<th>License Type</th>
<th>License/Certification Type &amp; Number</th>
<th>Status</th>
<th>Issue Date</th>
<th>Expiration Date</th>
<th>Source</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>TESTAIDE TAMMY</td>
<td>1000 NE 10TH OKLAHOMA CITY, OK 73117</td>
<td>Long Term Care Aide (LTC)</td>
<td>320323340612</td>
<td>Active</td>
<td>06/14/2012</td>
<td>06/30/2014</td>
<td>Auto-Matched</td>
<td></td>
</tr>
</tbody>
</table>
Enter Pre-Employment Information

Tammy Testaide, XXX-XX-9997, 11/1/1985

Licenses/Certifications

Licensing Registries that were auto-matched: OK Nurse Aide & Non-Technical Service Worker Abuse Registry

Click the Select box for a license/certification listed below if it is (1) held by the applicant, (2) required in order to be hired for the position for which the applicant is applying, and (3) has an Active status. One or more items can be clicked.

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<th>Expiration Date</th>
<th>Source</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>TESTAIDE, TAMMY</td>
<td>1000 NE 10TH OKLAHOMA CITY, OK 73117</td>
<td>Long Term Care Aide (LTC)</td>
<td>32023349812</td>
<td>Active</td>
<td>06/14/2012</td>
<td>08/30/2014</td>
<td>Auto-Matched</td>
<td>🔴</td>
</tr>
</tbody>
</table>

Add License/Certification

Position Applied For

* Required

* Provider: BEADLES NURSING HOME (NH7601)

* Position Category: Technical, Unlicensed Health Care

* Position: Nurse Aide

* Employee Type: Employee

Close Due to Invalid License/Cert

Back | Next
Confirm Applicant Consent

Tammy Testaide, XXX-XX:9997, 11/1/1985, Application #: 695

* Required

* By checking this box I affirm the applicant provided photographic identification and written consent to conduct a registry screening and, upon submission of fingerprints, for the OSBI to conduct a state and national criminal history record check pursuant to Title 63, Section 1-1947(H) of the Oklahoma Statutes.

Withdraw  Save and Close
Once ALL registries have been checked and/or appropriately marked “Cleared,” press the “Next” button.

Note that this says the link was clicked on 1/16/14 but selecting the link is not required where the automatch indicates no matches were found.
A CLEAN registry review generates the above screen. From here, you can pay to initiate the electronic fingerprinting. We’ll select the “Credit Card” hyperlink to make the payment.
If you get this screen, click on the “Continue to this website...” hyperlink.
Fill out the screen like making a PayPal payment.
Email Address:
walterj@health.ok.gov

Phone: digits only, include area code
4052713598

Itemized Costs

<table>
<thead>
<tr>
<th>Item / Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background Check Fee</td>
<td>1</td>
<td>$20.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Background Check Fee</td>
<td>1</td>
<td>$20.00</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

Sub Total: $20.00
ONLINE FEE MAY APPLY

Payment Information

After you select a payment type, additional fields will display to be

* Payment Type:
  Visa

* Account Number:
  555555555555555444

* Re-enter Account Number:
  555555555555555444

* Enter CCV: 7
  999

Expiration Date

* Month:
  May

* Year:
  2015

Note: This dummy credit card information will work for testing purposes*

* Limited Testing
Click on “Process Payment.”
Click on “OK.”
Click on “Submit” to continue. Notice the new email that arrives almost instantaneously.
The email will look like this. Notice that there is a receipt attached. Print and/or save the receipt for your records.
Receipt - Oklahoma State Department of Health - On-Screen Payments

This is confirmation that your payment for the items below has been submitted successfully.

BILLING INFORMATION:
TestBeadles
123 Main Street
Alva, OK 74111
US

TRANSACTION INFORMATION:
Date: 01/19/2014
Processed Trans ID: 4259194
Account Type: VISA
Last Four Acct#: **********4444

Itemized Costs

<table>
<thead>
<tr>
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<tr>
<td>Background Check Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sub Total $20.00

Online Fee (billed separately) $0.00

Grand Total $20.00
Now you can print an Authorization to Fingerprint and/or a Name Based Background Check Request Form, in addition to the Final Registry Results Report.
This is the **Authorization to Fingerprint form**. The link opens this form which includes a live hyperlink that can be used to schedule or change a fingerprinting appointment. This form will be revised to include a phone number which may also be used to schedule appointments: 877-219-0197.
From the Adobe Viewing window click on the email icon to send the file as an email attachment.
Select the “Attach to Email” button and click on “Attach”
Your email browser window will open for adding the address subject and memo.
The detailed information in the Authorization to Fingerprint includes key data for scheduling the appointment with IdentoGo:

- The DI # : 684
- The last name: Testaide
- The Date of Birth: 1/1/1961
Select "Online Scheduling."

- Online Scheduling
- Locations
- Forms and Links

If you have any questions, please call MorphoTrust USA, formerly L-1 Enrollment at (877) 219-0197

Return Home
Select a language using a button to the right.
Welcome

Welcome. The following pages will ask you for information needed to schedule and process your background check. If you have problems feel free to call us at (877) 219-0197.

First Name: Millie
Last Name: Testaide

For Existing Appointments

I received a rejection notification and need to schedule an appointment.
I have an existing appointment I would like to change.

If you have any questions with the website, please contact L-1 Enrollment Services at (877)219-0197.
Application Details

Please choose your agency or program from the list below.

If you have any questions with IdentoGO Enrollment Services at (877)219-0197.
Enter the applicant’s Determination # from the Authorization to Fingerprint Form along with the last name and date of birth.
Enter a ZIP Code to search for the nearest fingerprinting location and then click on the “Go” button.
Select an open appointment on the calendar from a location nearest you.
Select a time of day and click on “Go.”
The applicant information is reviewed and additions are made as necessary. Once you’ve completed the form, click on the “Send Information” button.
A final Information Verification page is reviewed and if the info is correct select Go.
The applicant's Administrative Fee is collected or the applicant may arrange to pay on site by money order or business check.
If paying by debit or credit card, final payment is made by selecting the “Continue to US Bank E-Pay, the IdentoGo payment portal.”
If paying by debit or credit card, payment source is entered here and submitted.
From the original link, you can also get a list of fingerprinting locations across Oklahoma.
Other print options are the Authorization to Fingerprint form and the Final Registry Results Report.
Now select ‘Add Provisional Employment for Applicant’ if you wish to provisionally hire the applicant during the pending fingerprinting and determination. An applicant may be provisionally hired for up to sixty (60) days.
Application Submitted Confirmation

Anna Mae Testaide, XXX-XX-4441, 1/1/1938, Application #: 631, Background Check #: 683

Application Status

Your application was successfully submitted. This applicant has not been determined eligible for employment and fingerprints must be received by 1/29/2014. The status of the fitness determination can be tracked by clicking the Determination In-Process link above.

Application Forms

Authorization to Fingerprint Form
Authorization to Fingerprint Form

Background Check Form
Background Check Form

OK Final Registry Results
OK Final Registry Results

Provisional Employment

Employment has been saved.

walterjBeadlesPAM

UAT – Version: 20131209
The status of Anna Testaide is now “Eligibility Determination in Process.”
The aide now shows up under “Determinations in Process.”
The Person Summary has four tabs. This is the Profile tab. Click on the other three tabs to see their content.
The Applications tab. Note the hyperlinked options.
The Employment tab. Here, an applicant’s status can be changed to Permanent or Terminated with the action date recorded. Verification dates will be used on a periodic basis to verify they are still employed. Click on “Edit.”
(If an applicant has an employment history in OK-SCREEN, it will appear on the Employment Tab.)

<table>
<thead>
<tr>
<th>Provider Level</th>
<th>Position</th>
<th>Status</th>
<th>Hire Date</th>
<th>Separation Date</th>
<th>Employment Last Verified</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Aide</td>
<td>Separated</td>
<td>02/05/2014</td>
<td>02/05/2014</td>
<td>02/05/2014</td>
<td>02/05/2014</td>
<td></td>
</tr>
<tr>
<td>Nurse Aide</td>
<td>Separated</td>
<td>02/05/2014</td>
<td>02/05/2014</td>
<td>02/05/2014</td>
<td>02/05/2014</td>
<td></td>
</tr>
<tr>
<td>Nurse Aide</td>
<td>Permanent</td>
<td>02/05/2014</td>
<td>02/05/2014</td>
<td>02/05/2014</td>
<td>02/05/2014</td>
<td></td>
</tr>
</tbody>
</table>
Note that you cannot permanently hire Anna Testaide until you have a determination of “Eligible.” You can only separate her at this point.
The Documents tab. From here the user can view various documents generated from the screening and background check process.
Let’s look at what happens when an applicant is already in the system. This is what a different provider would see when entering an application for the same aide. From the Add New screen a new applicant’s SSN and last name have been entered. Select Search.
Notice the data that is populated from the earlier entry at another provider.
Permanent/Physical Address
  * Address Line 1: 123 Main Street
  * Address Line 2:
    * City: Alva
    * State: Oklahoma
    * ZIP: 74567
  County:

Mailing Address
  Same as Permanent Address: Yes

Eye Color: Brown
Hair Color: Brown
Height: 5'4"
Weight: 125 lbs
US Citizen: Yes
Place of Birth: US: California
Primary Phone: 405-555-1234
Primary Phone Type: Home
Secondary Phone:
Secondary Phone Type:
Email Address:

History of Changes

Aliases/Prior Names (Includes all names by which an applicant is currently known or has been identified as)

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>SSN</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>TestFreeman</td>
<td>Millie</td>
<td>Q</td>
<td>XXX-XX-5554</td>
<td>01/01/1961</td>
</tr>
</tbody>
</table>

Prior Addresses within the last 7 years

<table>
<thead>
<tr>
<th>Years</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2010</td>
<td>Dallas</td>
<td>TX</td>
</tr>
<tr>
<td>2010-2011</td>
<td>Little Rock</td>
<td>AR</td>
</tr>
</tbody>
</table>

Add New
Note that on the Employment tab, one provider does not see the employment status of an applicant at another provider.
On the “Applications” tab, select “Add New” and you can begin an application for this person.

Enter Pre-Employment Information

Millie Q Testaide, XXX-XX-5554, 1/1/1961

Licenses/Certifications

Licensing Registries that were auto-matched: OK Nurse A

This individual does not have any licenses/certifications available from the auto-matched source(s).

Add License/Certification

Position Applied For

* Required

* Provider: GRACE LIVING CENTER - DEL CITY (NHS510)

* Position Category:

* Position:

* Employee Type: Employee

Close Due to Invalid License/Cert

Withdraw  Save and Close

Back Next
Enter the Position Category, Position and Employee Type, then click on “Next.”
Continue to follow the process of entering an applicant as previously shown...
When the Determination has been made by the ONBCP, this causes the Provider Account Manager at the provider initiating the application to receive an email like this:

The fitness determination for the individual(s) listed below is now available for viewing on the OSDH Oklahoma Screening and Registry Employee Evaluation Network. This is a secure website that can be accessed at: https://www.phin.state.ok.us/nbc

Applicant Name: Anna Mae Testaide
Application #: 631
Submitted: 1/19/2014

You may access and print a copy of the results for your files from the background checking site. If you have any questions, please contact the OSDH at: 855-584-3550 or email okscreen@health.ok.gov.
The Provider Account Manager clicks on this link to see the completed determination.
Click on the “Hire” button next to Anna...
Enter a permanent hire date and click on “Save.”
Note that Anna Mae Testaide has dropped off from the list of applications with determinations available...
...and now she shows up as a permanent employee under the “Employees” tab / Permanent page.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Last Name</th>
<th>First Name</th>
<th>Position</th>
<th>Hire Date</th>
<th>Employment Last Verified</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEADLES NURSING HOME (NH7601)</td>
<td>Hook</td>
<td>Shirley</td>
<td>Medication Aide / Technician</td>
<td>12/16/2013</td>
<td>12/16/2013</td>
<td>Edit</td>
</tr>
<tr>
<td>BEADLES NURSING HOME (NH7601)</td>
<td>Testaide</td>
<td>Anna</td>
<td>Cook, chef</td>
<td>01/19/2014</td>
<td>01/19/2014</td>
<td>Edit</td>
</tr>
<tr>
<td>BEADLES NURSING HOME (NH7601)</td>
<td>TestPurdy</td>
<td>TestBunny</td>
<td>Nurse Aide</td>
<td>01/13/2014</td>
<td>01/13/2014</td>
<td>Edit</td>
</tr>
<tr>
<td>BEADLES NURSING HOME (NH7601)</td>
<td>TestSmith</td>
<td>TestFred</td>
<td>Nurse Aide</td>
<td>01/13/2014</td>
<td>01/13/2014</td>
<td>Edit</td>
</tr>
</tbody>
</table>
Now we’re going to try adding an applicant who already has a determination of “Eligible.”
Anna Mae Testaide, XXX-XX-4441, 1/1/1938
Current Fitness Determination: Eligible for Employment
Current Employment Status: Permanently Employed

Profile
Applications
Employment
Documents

Personal and Demographic Information
* Required
  * First Name: Anna
  * Middle Name: Mae
  * Last Name: Testaide
  * SSN: XXX-XX-4441 This is an ITIN: No
  * Date of Birth: 1/1/1938
  * Race: White
  * Gender: Female
  * Eye Color: Brown
  * Hair Color: Gray or Partially Gray
  * Height: 55"
  * Weight: 165 lbs
  * US Citizen: Yes

Permanent/Physical Address
* Address Line 1: 156 Dundaff St.
  * City: Carbondale
  * State: Oklahoma

Add New Application
Enter Pre-Employment Information

Anna Mae Testaide, XXX-XX-4441, 1/1/1938

Licenses/Certifications

Licensing Registries that were auto-matched: OK Nurse Aide & Non-Technical Service Worker Abuse Registry

This individual does not have any licenses/certifications available from the auto-matched source(s).

Position Applied For

* Required
  * Provider: COLONIAL ESTATES (NH4205)
  * Position Category:
  * Position:
  * Employee Type: Employee

Add License/Certification

Close Due to Invalid License/Cert

Withdraw  Save and Close
Enter Pre-Employment Information

Anna Mae Testaide, XXX-XX-4441, 1/1/1938

Licenses/Certifications
Licensing Registries that were auto-matched: OK Nurse Aide & Non-Technical Service Worker Abuse Registry
This individual does not have any licenses/certifications available from the auto-matched source(s).

Position Applied For
* Required
  * Provider: COLONIAL ESTATES (NH4205)
  * Position Category: Technical, Unlicensed Health Care
  * Position: Nurse Aide
  * Employee Type: Employee

Close Due to Invalid License/Cert
Withdraw Save and Close
Back Next

ColonialPAM UAT – Version: 20131209
Confirm Applicant Consent

Anna Mae Testaide, XXX-XX-4441, 1/1/1938, Application #: 633

* Required

* By checking this box I affirm the applicant provided photographic identification and written consent to conduct a registry screening and, upon submission of fingerprints, for the OSBI to conduct a state and national criminal history record check pursuant to Title 63, Section 1-1947(H) of the Oklahoma Statutes.
Perform registry checks, submit for a determination and pay application fee as before, and print the necessary forms for employee files. When the registries clear, provisionally hire as with other new hires.
**Batch submission and payment processing**

### Applications: Applications Not Yet Submitted

**Enter Filter Options**

- **Application #:**
- **Last Name:**
- **Date Saved:** _to_ 

**Provider:** BEADLES NURSING HOME (NH7601)

**Search**

### Results

<table>
<thead>
<tr>
<th>Locked</th>
<th>App # - Type</th>
<th>Provider</th>
<th>Last</th>
<th>First</th>
<th>SSN</th>
<th>Date Saved</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>619</td>
<td>BEADLES NURSING HOME (NH7601)</td>
<td>TestMaston</td>
<td>Christi</td>
<td>-6668</td>
<td>01/16/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>621</td>
<td>BEADLES NURSING HOME (NH7601)</td>
<td>TestMiner</td>
<td>Chelsea</td>
<td>-4443</td>
<td>01/16/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>617</td>
<td>BEADLES NURSING HOME (NH7601)</td>
<td>TestPoppins</td>
<td>Mary</td>
<td>-6669</td>
<td>01/16/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>615</td>
<td>BEADLES NURSING HOME (NH7601)</td>
<td>TestSeinfeld</td>
<td>Jerry</td>
<td>-5556</td>
<td>01/16/2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
After clearing all of the registry checks for each applicant, click on the “Next” button.
Instead of “Credit Card,” select “Batch Payment.”
Click on “Confirm.”
Click on “Submit.”
Once you have entered several applications for batch payment, select “Batch Payments” under the “Applications” tab.
You can select applications individually for payment or select all for payment using the button at the bottom left.
Once the application(s) that you want to pay by batch are selected, click on “Pay by Credit Card.”
Once you select “Pay by Credit Card,” you will come to the same screen as an individual credit card payment shown earlier in this demonstration. Proceed in the same manner as before.
Billing Payment Option

Applicant: Payment

Walter TestBrown, XXX-XX-1115, 4/16/1958, Application #: 662

No refunds given.

Background Check Fee - Payment Confirmation

Payment Method: Billing Account
Amount Paid: $19.00
Date Paid: 5/2/2014 9:36:13 AM

Withdraw  Save and Close

OSDHTestUser  Production – Version: 20140331
Application: Confirmation

Application Submitted Confirmation

Walter TestBrown, XXX-XX-1115, 4/16/1958, Application #: 662, Background Check #: 714

Application Status

Your application was successfully submitted.

This applicant has not been determined eligible for employment and fingerprints must be received by 5/12/2014. The status of the fitness determination can be tracked by clicking the Determination In-Process link above.

Application Forms

- Authorization to Fingerprint Form
- OK Final Registry Results

Provisional Employment

- Add Provisional Employment for Applicant
Viewing a Criminal History Report
Look for a record with a completed eligibility determination.
Select the name of the person by clicking on the hyperlink.

<table>
<thead>
<tr>
<th>Locked</th>
<th>App #</th>
<th>Type</th>
<th>Provider</th>
<th>Last</th>
<th>First</th>
<th>SSN</th>
<th>Determination</th>
<th>Determination Date</th>
<th>Employment Status</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>668</td>
<td></td>
<td>BEADLES NURSING HOME (NH70601)</td>
<td>Testaide</td>
<td>Walter</td>
<td>-5556</td>
<td>Eligible</td>
<td>02/23/2014</td>
<td></td>
<td>Hire</td>
</tr>
</tbody>
</table>
Select the “Documents” tab.
Under “Uploaded Documents,” click on the link indicating a criminal history report.
Click on one of the buttons to Open or Save the document, or cancel the operation.
The .pdf document with the criminal history report will open and look something like this (minus the redacted content).
<table>
<thead>
<tr>
<th>CONTRIBUTOR</th>
<th>CHARGE AT ARREST</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DOMESTIC ABUSE</td>
<td>REF TO HUN. PROSECUTOR</td>
</tr>
<tr>
<td></td>
<td>Misdemeanor</td>
<td>02/01/2005</td>
</tr>
<tr>
<td>ORI:</td>
<td></td>
<td>GUILTY EFLA</td>
</tr>
<tr>
<td>ID: LAWTON, OK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRIBUTOR</th>
<th>CHARGE AT ARREST</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Misdemeanor, Value-Fraud</td>
<td>RE Ferrand To D.A.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10/10/2007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guilty EFLA</td>
</tr>
<tr>
<td>ORI:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SO: COMMONS CO, LAWTON, OK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**End of page 1, more to follow**

There will be an entry for each charge and its associated information (disposition, etc.).
This concludes the demonstration. Browse the application by clicking on the various options. You may enter real data from an applicant to screen the employee.

If you note an error or problem in OK-SCREEN please make a note of it. You may capture the screen image by pressing your print screen (PrtScn) button and pasting the image (Ctrl-V) in an email, or Word document, and sending it to the OK-SCREEN staff here: 

okscreen@health.ok.gov.

You may also contact the helpline at 405-271-3598 or toll free 1-855-584-3550.
To become a LiveScan fingerprinting site:

Contact:

Robert Girdwain
(615) 403-6522
rgirdwain@morphotrust.com

Note: You must be willing to provide fingerprinting services to the public and not only your employees if you become a fingerprinting vendor. Staff participating will be subject to a background, credit and drug-screen check.