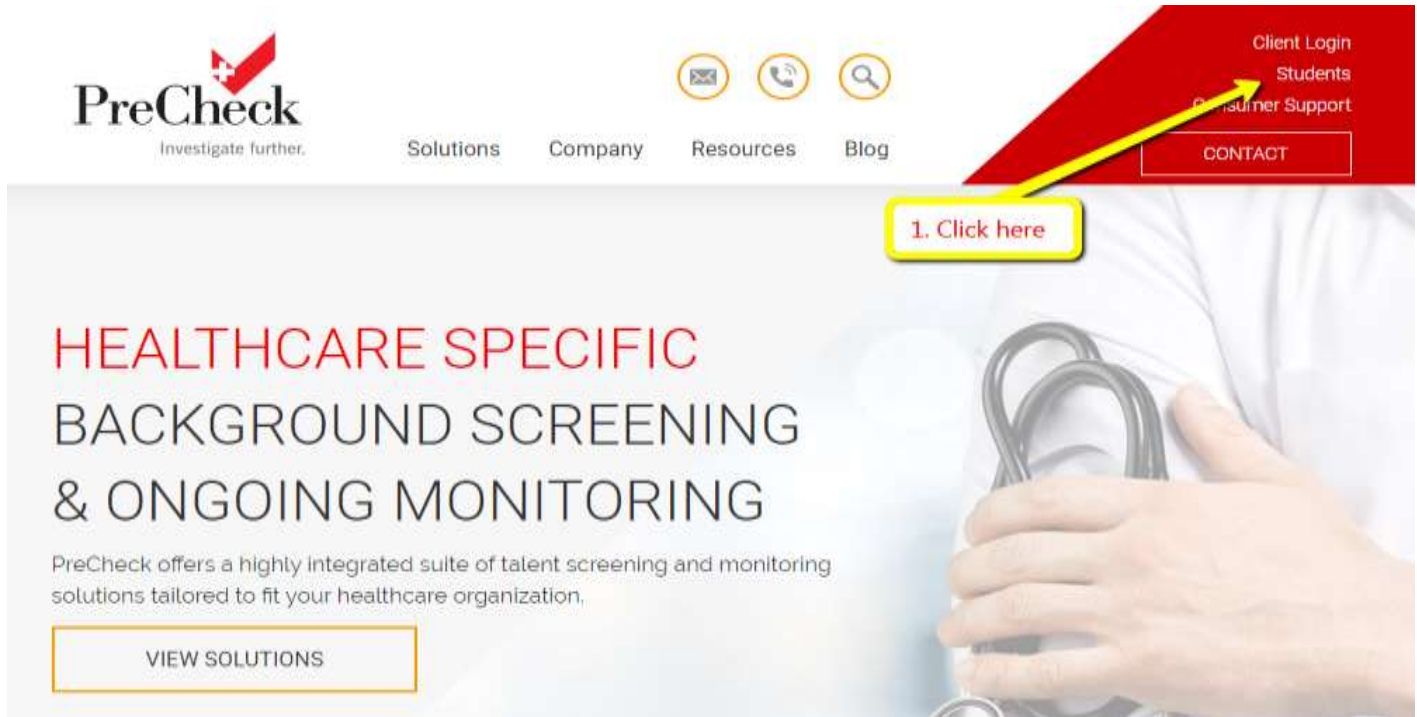


Background Check Instructions for Continuing Healthcare Education Programs

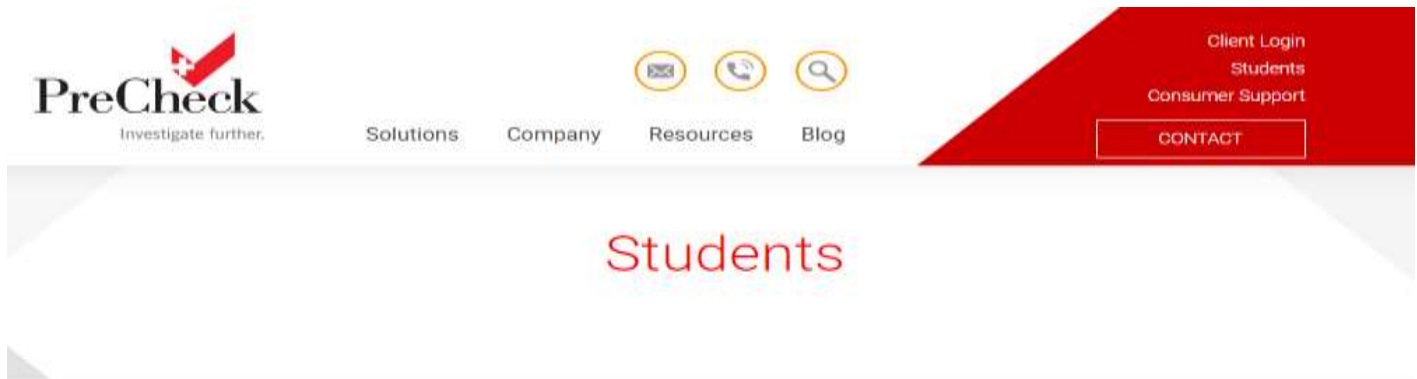
First, open up a web browser (ex. Google Chrome or Mozilla Firefox).

Enter www.precheck.com in the address bar.

Once you get to PreCheck's main page, move your mouse to the upper right corner (red menu box), and **click** where it says "Students."



It will take you to the next page where you will need to click on "Order My Background Check or Drug Screen."



Students: What would you like to do?

Click on the words.

Order My Background Check or Drug Screen

1

To order your background check or drug screen from StudentCheck, please [click here](#) and complete the form by selecting your school and program from the drop-down menu. A background check typically takes 3-5 business days to complete, and turnaround time of drug screening results, if included, is determined by a variety of factors. Your report and/or drug screening results will be provided to your clinical site or school upon completion.

This is the next screen you should see:

The screenshot shows the PreCheck website interface. At the top left is the PreCheck logo. At the top right is a red 'Login' button. Below the header is a navigation menu with four items: 'Background Information', 'Expected Timeline', 'Confirmation', and 'Delivery'. Below the menu is a form titled 'School and Program'. The form has a text input field containing 'amarillo' and a dropdown menu showing 'Amarillo College - Radiation Therapy Drug Screen If Needed'. Two red callout boxes with arrows point to the input field and the dropdown menu, respectively.

1. In the box where it says, “School and Program” start typing in “Amarillo”. You’ll notice choices will start to appear below. You’ll have to at least type in “A-m-a-r-i” to see “Amarillo College – Continuing Education” in the drop-down box.
2. Select “Amarillo College – Continuing Education” as the School.

This is a close-up of the 'School and Program' dropdown menu. The text 'amari' is entered in the input field. The dropdown list shows several options: 'Amarillo College - Human Resources', 'Amarillo College - Allied Health Division', 'Amarillo College - Nursing Division', 'Amarillo College - Continuing Education', 'Amarillo College - Nursing Faculty Only', 'Amarillo College - Academic Success', and 'Amarillo College - Radiation Therapy Drug Screen If Needed'. Two red callout boxes with arrows point to the input field and the 'Amarillo College - Continuing Education' option, respectively.

3. Select the program you are interested in.

Once you’ve completed this page, you will be taken to a page where you will need to create an account.

Your StudentCheck Profile will allow you to track and view the progress of your background check and drug test results. It will also allow you to upload immunization records, share information with schools & clinical sites, and get a copy of your receipt.

Create Account

First Name

Middle Name

No Middle Name

Last Name

Email Address

Confirm Email Address

Password

Confirm Password

Your password must:

- Be at least 8 characters in length.
- Contain at least 1 uppercase letter.
- Contain at least 1 number
- Contain no special characters

4. Click "Create" when you are finished with Steps 1-3.

Create

Create a PreCheck account

1. On this page, you'll need to create an account. (If you've ever done a background with PreCheck, you will already have an account and can simply log in using your previous email and password.)
2. Enter your first, middle, and last name in the appropriate boxes.
3. Type in your email address. Enter your email address again in the "Confirm Email Address" box.
4. Choose a password according to the guidelines to the right of the password boxes.
5. Enter the same password you chose in the previous step again in the "Confirm Password" box.
6. Click the "Create" button to begin entering information for your background check.

Electronic Delivery and Electronic Signature Consent



Electronic Delivery and Electronic Signature Consent

In order to provide you with electronic communications and allow you the opportunity to give electronic consent, we have to provide you with certain information. This notice applies to all Internet-based communications and agreements from or with PreCheck, Inc. including e-mail, website and mobile applications.

Electronic communications or agreements include but are not limited to:

- Your notice of rights under the Fair Credit Reporting Act (FCRA)
- Your background screening results, information, or any additional notices

Electronic Delivery of Information

By choosing electronic delivery of your documents, you will receive all communications from PreCheck, Inc. electronically instead of receiving a paper copy. You also agree to receive electronic communications related to this background screen from the entity that requested it, if applicable.

The types of communications available electronically are subject to change. If additional communications become available, you will receive those electronically as well.

Electronic Signature Consent

When you sign the box below you are agreeing that your electronic signature is the same as your handwritten or "wet" signature and carries the same legal and binding effect. You will be asked to check boxes labeled "I agree" or "I consent" or other similar language, or to electronically sign a document throughout the processes for background screening or other services. PreCheck may supply this by checking the box or electronically signing and giving assent, you acknowledge or accept and agree that you have reviewed and assent to the content of the page, in the same as if you are signing a separate document. This agreement will be in effect at any time you use or access the PreCheck website or any of its products.

Read through this information and scroll down.

1. Read through the consent information and scroll down to the bottom.

Your Consent to Receive Documents electronically:
 You acknowledge and agree that you can access and view the documents electronically, that you consent to receive all documents electronically pursuant to this Notice and you consent to "sign" all documents, now and in the future, electronically via proceeding throughout the process by signing your name and giving my authority to proceed.
 Once you provide your consent, we will begin to deliver your documents electronically to the email address you provided and you will be able to provide consent electronically as well.
 By Checking and Signing below:
 I agree: I have read this document and consent to the electronic delivery of all documents.
 I consent and consent to electronic consent and signature of documents as described in the electronic signature consent portion of this document.
 If you do not consent to electronic delivery or consent and wish to have paper documents instead, you understand you will be unable to proceed with the online application process. You may request a paper version of the process at any time. Please follow the instructions above to proceed with the paper version of the process.

1. Click this box to check it.

By checking this box, you acknowledge that you have read and you understand the Disclosures and are ready to proceed to the next screen.

In the box below, please apply your signature by typing in your first and last name exactly as it appears on your identification.

Signature

Signed from IP Address: 192.231.80.98 , DateTime: 10/17/2017 2:15:25 PM

2. Click in this box and type your name.

3. Click "I Agree" when you've completed Steps 1 & 2.

Previous I Agree

2. Click on the box to place a checkmark inside of it.
3. Type your name in the Signature box. Make sure your name matches EXACTLY the name you signed up with. (For example, if you put in "William" it will not accept "Will".)
4. Click "I Agree" once you've completed the above steps.

The next 3 pages will look almost identical. Make sure to check the boxes and type in your name using the name you created an account with.

E-Sign Disclosure CA Disclosure Additional Disclosures Personal Names Residency Criminal Records Authorization Payment Confirm

BACKGROUND CHECK DISCLOSURE

As part of the application process for enrollment and/or acceptance at Amarillo College - Continuing Education ("the School") or placement in a clinical or healthcare related program, the School and/or its agents may obtain information about you from a consumer reporting agency. This information may include, but is not limited to information about your character, general reputation, personal characteristics and/or mode of living, employment history, work performance, criminal history records, sexual offender's lists, motor vehicle records, military records, educational verification, license verification, government exclusion lists, drug testing, or other background checks.

The School and/or its agents may make such inquiries within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. You have the right to request a copy of your report within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Praxcheck.com, 3600 East Palomares Rd. Alamogordo, NM 88310; 1-888-773-2432; www.praxcheck.com

1. Click the box to check it.

By checking this box, you acknowledge that you have read and you understand the Disclosures and are ready to proceed to the next screen.

In the box below, please apply your signature by typing in your first and last name exactly as it appears on your identification.

Signature

Signed from IP Address: 192.231.80.98 , DateTime: 10/17/2017 2:30:44 PM

2. Type your name in this box. Make sure it matches the name you signed up with exactly.

3. Click "I Agree" when you're finished.

Previous I Agree

1. Read through the disclosure information and scroll down to the bottom.
2. Click on the box to place a checkmark inside of it.
3. Type your name in the Signature box. Make sure your name matches EXACTLY the name you signed up with. (For example, if you put in "William" it will not accept "Will".)
4. Click "I Agree" once you've completed the above steps.

Again, on the California Law page, check the box, type in your name in the Signature field, and click "I Agree."

NOTICE REGARDING BACKGROUND CHECKS AND CREDIT CHECKS PER CALIFORNIA LAW

At your written direction, Amarillo College - Continuing Education ("the School") or a clinical or healthcare related program where you may be placed, intends to obtain information about you from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and/or "consumer credit reports" obtained in connection with your application for enrollment and/or acceptance at "the School" or placement in a clinical or healthcare related program. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the consumer reporting agency may investigate the information contained in your application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, and other information about you, including interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making program acceptance or placement decisions. The source of any investigative consumer report (as that term is defined under California law) will be PreCheck Inc., 3453 Las Palomas Rd, Alamogordo, NM 88310; telephone # 1.888.773.2432; www.precheck.com. The School agrees to provide you with a copy of an investigative consumer report when requested to do so under California law. Under California Civil Code section 179C.22, you are entitled to find out what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the full charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified address by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by misaddressing of mail after such mailings leave the ICRA's.

"Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

ICRA's trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

By checking this box, you acknowledge that you have read and you understand the Disclosures and are ready to proceed to the next screen.

In the box below, please apply your signature by typing in your first and last name exactly as it appears on this document.

Signature _____

Signed from IP Address: 192.231.80.98 , Date/Time: 10/17/2017 2:34:12 PM

[Previous](#) [I Agree](#)

The next page might seem a bit confusing, but all you do is the same thing you've done on the previous few pages.

***You can ignore the boxes that have state names on them. ***

1. Click on the box to place a checkmark inside of it.

2. Type your name in the Signature box. Make sure your name matches EXACTLY the name you signed up with. (For example, if you put in "William" it will not accept "Will".)

Please click on any states where you currently reside or will be applying to and review the associated information.

In addition to the disclosure set forth in the separate Background Check Disclosure screen, below please find additional disclosures/notices that may pertain to you. Please note: state disclosures that overlap with the disclosure set forth in the separate Background Check Disclosure screen are not repeated in these Additional Disclosures.

You, your school, or your school program, its subsidiaries, affiliates, other related entities, may obtain an investigative consumer report on you in consideration of your application for enrollment. Under federal law, an investigative consumer report is a special type of consumer report in which information (which may include, but is not limited to, creditworthiness, credit standing, credit capacity, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you may be obtained by personal (including telephonic) interviews with neighbors, friends, associates, acquaintances, or others. (In California, the term "investigative consumer report" has a slightly different meaning, as explained in the separate California State Law Disclosures (non-credit) (if applicable).) You have a right to request from the background screen company or your school or your school program disclosures of the nature and scope of an investigative consumer report and a summary of your rights under the federal Fair Credit Reporting Act. Your request should be made in writing to the background screen company or your school or school program within a reasonable period of time after your receipt of this form.

California	Massachusetts	Minnesota
Oklahoma	Montana	New York
New Jersey	State	

By checking this box, you acknowledge that you have read and you understand the Disclosures and are ready to proceed to the next screen.

In the box below, please apply your signature by typing in your first and last name exactly as it appears on this document.

Signature _____

Signed from IP Address: 192.231.80.98 , Date/Time: 10/17/2017 3:06:36 PM

[Previous](#) [I Agree](#)

3. Click "I Agree" once you've completed the above steps.

Personal Information Page

On this page, you will need to fill out the form completely and accurately. Otherwise, you will not be able to continue with your background check.

1. Fill in the first name, middle name, and last name fields. If you do not have a middle name, you will need to check the box to the right of the last name field.

Fill out the form completely. It will not let you keep going otherwise.

Previous Next

Name

First Name

Middle Name

Last Name No Middle Name

Date of Birth

-Month- -Day- -Year-

Phone

ex. (123) 456-7890

Email Address

example@email.com

Confirm Email

Identification

Social Security Number

Confirm SSN Do not have a Social Security number

Driver License

Name on Driver License

Driver License State

Driver License Number

2. Use your mouse to select your date of birth – month, then day, then year.
3. Enter your phone number. You do not need to enter the parentheses. These will be added for you.
4. Enter your email address in the appropriate field. Use an email address that you check often. You will be emailed a receipt and confirmation that your background check has been submitted and when it has been completed
5. Enter the same email address in the “Confirm Email” field.
6. Enter your social security number in the first field in the “Identification” section.
7. Enter your social security number again in the “Confirm SSN” field.
8. **If you do not have a social security number**, click the box to the right of the “Confirm SSN” field. Otherwise, leave this unchecked.
9. In the “Name on Driver’s License” enter your name EXACTLY as it appears on your license.
10. Use your mouse to select the state where your driver’s license was issued.
11. Enter your driver’s license number in the next field.
12. Click the “Next” button to move when you are done.

Names Section

On the next page, you will enter ADDITIONAL NAMES you have used.

Examples of additional names used:

- Married Names
- Maiden Names
- Aliases

When entering a name, fill out the form completely, and then click the orange check box to the right of the form to save it. You will not be able to continue unless this has been saved.

Previous Next

Please provide any other names you have used, These can be maiden names, married names, AKAs, nicknames, etc. Please also list the years in which you used these names

+ Add Other Name Used

First Name	Middle Name	Last Name	Year From	Year To	
					<input checked="" type="checkbox"/> <input type="checkbox"/>

1 - 1 of 1 items

If you have more than one name to enter, use the “Add Other Name Used” button to the top left of the form. Don’t forget to save all names by clicking the orange check box to the right of the form before proceeding.

Residence Section

On this page, you will fill out ALL addresses where you have lived **for the past 7 years**. You will need to fill out each address completely and accurately.

Previous Next

In the form below, please provide your residence history for the past 7 years. Your current address is mandatory, and you will need to indicate if it is the same as your mailing address by checking the appropriate boxes. If your mailing address is different, please enter it as well.

Mailing Address Current Address

+ Add New Residence

Mailing	Current	Address	City	State	Zip Code	Country	Date From	Date To	
	<input checked="" type="checkbox"/>					USA	MM/YYYY	MM/YYYY	<input checked="" type="checkbox"/> <input type="checkbox"/>

1 - 1 of 1 items

1. First, fill out the form with your current address.
 - a. Fill out your street address in the “Address” box.
 - b. Fill out the city, state, and Zip Code fields.
2. You will need to specify how long you’ve lived at this address.
 - a. In the “Date From” field, select the date when you began living at this address.
 - b. In the “Date To” field, select the date when you stopped living at this address. If you still live at this address, select today’s date.

- Once you have completed the form, click on the orange button to save this address.
- If you need to add another address, click on the “Add New Residence” button and fill in the form with the previous address.
- Click the next button at the top when you are finished.

Make sure you enter ALL addresses where you’ve lived over the past seven years.

Criminal Records Section

On this page, you will list any and all misdemeanor and felony offenses where you have plead guilty or no contest (or nolo contendere).

Read the question at the top of the page and answer “Yes” or “No”.

- “Yes” – you have EVER plead guilty or no contest (or nolo contendere) to a misdemeanor and/or felony offense.
- “No” - you have NEVER plead guilty or no contest (or nolo contendere) to a misdemeanor and/or felony offense.

If you answer “No”, simply click next to move on and skip the rest of the instructions for this section.

If you answer “Yes” continue with the instructions for this section.

- Fill out the offense description.
- Use your mouse to select the date when the offense occurred.
- Enter the city where the offense occurred.
- Use your mouse to select the State where the offense occurred.
- Type in the county where the offense occurred.
- If the offense occurred in a different country, use your mouse to change the country. Otherwise, leave it on “USA”.
- Click the orange check box to save.
- If you have another offense to list, check the “Add New Record” box at the top right of the form and repeat steps 1 – 7.
- Click the “Next” button at the top of the page when you are finished filling out all offenses.

Authorization for Background Check

E-Sign Disclosure CA Disclosure Additional Disclosures Personal Names Residence Criminal Records Authorization Payment Confirm

AUTHORIZATION FOR BACKGROUND CHECK

In connection with my application for enrollment and/or acceptance at Amarillo College - Continuing Education ("the School"), or placement in a clinical or healthcare related program, I hereby authorize and direct the School and/or any health care facility where I may be placed, either itself or through a third party consumer reporting agency, to obtain information about my background including investigation of criminal records, other public record information about me, my education and employment history, and any other "consumer reports" and/or "investigative consumer reports" about me. I understand this authorization will be valid until I withdraw my authorization by contacting the School in writing. I understand that clinical rotation is not employment. Furthermore, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1-888-773-2432; www.precheck.com or third party acting on behalf of the School and/or a healthcare facility where I may be placed.

I release all persons, including past employers, credit bureaus, and government agencies, from any liability or damages stemming from their having furnished such information. I also release the School and/or a healthcare facility where I may be placed receiving background information about me from any and all liability related to the preparation or use of those reports.

"By signing below, I acknowledge that I have read, I understand, and I agree to the above authorization."

You must check this box to receive and acknowledge receipt of a Summary of Your Rights Under the Fair Credit Reporting Act.

1. Click on the box to check it.

Your Signature

2. Use your mouse to write your signature in the box. Hold the left mouse button down as you sign.

Signed from IP Address: 192.221.88.96, Date/Time: 10/17/2017 3:44:16 PM

Clear

Previous I Agree

On this page, read the information at the top of the page.

1. After you have read the information, click on the box under the paragraph to place a check mark in it.
2. Use your mouse to sign your name in the box. Hold down the left mouse button as you drag the mouse around to sign.
***If you mess up and need to start over, click on the "Clear" button below the signature box to clear it out and you can begin again. ***
3. Click the "I Agree" button to complete this section and move to the next page.

Order Summary and Payment Details.

Verify that the information is correct in the Order Summary box. Make sure the school says "Amarillo College – Continuing Education."

1. Click on the "Type of Payment" drop-down box to select how you will pay.

E-Sign Disclosure Additional Disclosures Personal Names Residence Criminal Records Authorization Payment Confirm

Order Summary

School:
• Amarillo College - Continuing Education

Services:
• Background: \$49.50

SubTotal: \$49.50
Tax: \$4.08 (8.25%)

Payment Details

Select type of payment.

Type of Payment
Type of Payment
Credit Card
Debit Card
Money Order

Card Type
Contact Number
Card Number

VISA MasterCard DISCOVER AMERICAN EXPRESS

**** If you pay by Money Order, your background check will not be started until PreCheck receives your money order. Follow the instructions on the screen EXACTLY to proceed.****

2. Select the Card Type from the drop down menu.

The screenshot shows a navigation bar at the top with steps: E-Sign, Disclosure, Additional Disclosures, Personal, Names, Residence, Criminal Records, Authorization, Payment, and Confirm. The 'Payment' step is active. On the left is an 'Order Summary' box with the following details:

- School:**
 - Amarillo College - Continuing Education
- Services:**
 - Background: \$49.50
- SubTotal:** \$49.50
- Tax:** \$4.08 (8.25%)
- Total:** \$53.58

The 'Payment Details' form on the right includes logos for VISA, MasterCard, DISCOVER, and AMERICAN EXPRESS. A red box highlights the 'Card Type' dropdown menu, which is open and shows options: Visa, Mastercard, American Express, and Discover. A red arrow points from the text 'Select "Card Type" from the list.' to the dropdown menu. Other fields in the form include 'Credit Card', 'Relationship to Cardholder', 'Name on Card', 'Expiration', and 'CVV Code'.

3. Fill out the rest of the payment form completely. You will not be able to continue otherwise.

The screenshot shows the same navigation bar as above. The 'Payment' step is active. The 'Order Summary' box on the left is identical to the previous screenshot. The 'Payment Details' form on the right now has the following fields filled out:

- Type of Payment:** Credit Card
- Card Type:** Visa
- Relationship to Cardholder:** self
- Contact Number:** 505-555-1234
- Name on Card:** John Doe
- Card Number:** 1234 5678 9010 1112
- Expiration:** MM/YY
- CVV Code:** 123
- Billing Address:** 123 Main St, Amarillo, TX 79101
- City:** Amarillo
- State/Region:** TX
- Zip/Postal Code:** 79101

A red box highlights the 'Process Order' button at the bottom of the form. A red box with the text 'Enter your payment information. Make sure everything is correct and complete. Click "Process Order" when you are done.' is positioned to the left of the form.

- "Relationship to Cardholder" – enter "self" if your name is on the card. Otherwise, enter "spouse", "mother", "father", etc.
- "Contact Number" – enter your phone number here.
- Name on card – enter the name EXACTLY as it appears on the card.
- Card Number – enter the entire card number here. Do not use spaces.

- e. "Expiration" – enter the expiration date month and year.
- f. CVV Code – this is the 3-digit security number on the back of your card in the signature box.
- g. "Billing Address" – type in the billing street address
- h. Enter the city, state, and zip for the Billing Address of the credit card you are using.

4. Click the "Process Order" button when you are finished filling out all information.

Order Confirmation

This will be the next, and last page you will see. Verify the information is correct.

You will receive an email when the background check has been completed.

Confirmation

A copy of this page has also been sent to the email address you provided.

Thanks you for placing your order through StudentCheck. Please print this receipt and confirmation of your order placed through PreCheck, Inc. Your order has been submitted for processing, no refunds are available.

Name:

Date order placed: 10/19/2017 10:49:15 AM

Package/Services Purchased: **BackgroundCheck**

Payment Method: **Money Order**

Amount Charged: **\$64.41**

Order Confirmation Number:

For: **Amarillo College - Continuing Education - 12 Lead EKG**
 (If this is not your correct school program, please provide correct program by contacting us at StudentCheck@PreCheck.com)

FCRA and Additional Notices

- [Authorization](#)
- [Disclosure](#)
- [Notice Regarding Background Investigations Pursuant to California Law](#)
- [Summary of Your Rights Under the Fair Credit Reporting Act](#)

Adverse Action

You will be notified if your application was denied because of the information in your report. You will be given instructions to call PreCheck's Compliance hotline at (800)203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that ensures you receive a copy of your report and have the opportunity to dispute any inaccurate or incomplete information on your report.

If you have any questions about your background check, call PreCheck at 1-800-999-9861 or email them at StudentCheck@PreCheck.com.

If you have questions for Amarillo College Continuing Healthcare Education, call the office at (806) 354-6085.