

# OK-SCREEN Demonstration

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**Website: <http://onbc.health.ok.gov>**



## Key Items

<u>Item</u>	<u>Slide(s)</u>
End-User Security Agreement	2
Quick Intro	4-7
Consent and Release Form	8-11
Adding a New Applicant	12-28
The Research Registries Screen	29-52
Final Registry Results	56
Processing an applicant with no findings (All Cleared)	59
Credit Card Payment for Single Application	61-69
Authorization to Fingerprint Form	70-76
Online Scheduling of Fingerprinting	77-90
Fingerprinting Locations in Oklahoma	91
Printing Background Check Form / Final Registry Results	92-94
Provisional Hire	95-99
Person Summary Tabs Overview	100-104
Hiring an Applicant Already in the System (but no Determination)	105-111
Receiving a Determination from the ONBCP	112
Permanent Hire	113-117
Adding an applicant who already has an Eligible Determination	118-123
Batch Payment Processing	133-142
Viewing a Criminal History Report	143-150



# The User Status Page

Home

## OK-SCREEN TEST SITE

Welcome to OK-SCREEN! Version 20131209 - Revised December 9, 2013

The Oklahoma Screening and Registry Employee Evaluation Network can be used to manage the screening process for employees in long term care settings with direct patient access. The system will guide the user through entering an applicant, conducting checks of public registries and in later versions initiating fingerprint based criminal history checks.

For additional assistance, please contact us at (405) 271-3598, toll-free at (855) 584-3550 or by email by clicking on this [email help link](#).

### At a Glance

Applications	
Not Yet Submitted By Provider	7
Not Yet Submitted By Provider > 10 Days	0
Flagged For Registry Review	0
Flagged For Registry Review > 10 Days	0
Eligibility Determination In Process	4
Eligibility Determination Complete	3
Eligibility Determination Complete and Action Needed in 30 Days	1
Applications Submitted But Fingerprints Not Completed	4
Pending Payments	0
Employees	
Provisional Status Expiring (Within 5 Days)	0
Provisional Status Expired	0
Employee Verification Expiring (Within 30 Days)	0
Employee Verification Expired	0
New Background Check Needed (Within 30 Days)	0

### Important Messages

#### Update

Fingerprinting is not in effect as of November 1, 2012. Please continue performing name based checks. However, new barrier offenses for Nurse Aides and Nontechnical Service Workers are in effect. See the grant program website for updates: <http://onbc.health.ok.gov>

#### Training

[OK-SCREEN Phase I Demonstration](#) [WARNING: This is a large PowerPoint screen show file. Click the "Save As" option to save the file to your computer for viewing. Click the left mouse button to move through slide show.]

[OK-SCREEN Phase I User Manual](#) Click the hyperlink to view this Adobe Acrobat .pdf file.

The Menu Bar options are based on user permissions.

Important Messages and forms will be posted here.

### Providers

Provider	P
<a href="#">BEADLES NURSING HOME (NH7601)</a>	En

Your provider accounts will be shown here.

Your UserID will be shown here.

[Home](#) | **Applications** | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | **Application Forms**  
[Registry Recheck](#)

Applicants: Add New

### Search for Existing Profile

Enter Search Criteria

If using the Name field, be sure to type the full name and ID. **This cannot be changed once you start**

An Individual Taxpayer Identification Number 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:  AND Last Name:  OR Date of Birth:

**Search**

**To generate a Consent and Release form for a new applicant, go to the Applications tab and click on "Application Forms."**



[Home](#)[Applications](#)[Employees](#)[Search](#)[Reports](#)[Reference](#)[Admin](#)[Add New](#)[Not Yet Submitted](#)[Flagged For Review](#)[Determination In-Process](#)[Determination Available](#)[Batch Payments](#)[Application Forms](#)[Registry Recheck](#)

## Application Forms

### Static Forms

[Provider End User Security Agreement  
Consent and Release Form](#)

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**You will then see this screen.**



Home

Applications

Employees

Search

Reports

Reference

Admin

Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms |

Registry Recheck

### Application Forms

#### Static Forms

[Provider End User Security Agreement  
Consent and Release Form](#)



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**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.**



Do you want to open or save **OK Provider End User Security Agreement.pdf** (348 KB) from [www.phin.state.ok.us](http://www.phin.state.ok.us)?

Open

Save



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(I)(4)]



[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

### Application Forms

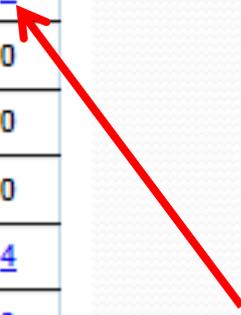
#### Static Forms

[Provider End User Security Agreement  
Consent and Release Form](#)

**Click on the “Home” tab to return to the main screen.**

## At a Glance

Applications	
Not Yet Submitted By Provider	<a href="#">7</a>
Not Yet Submitted By Provider > 10 Days	0
Flagged For Registry Review	0
Flagged For Registry Review > 10 Days	0
Eligibility Determination In Process	<a href="#">4</a>
Eligibility Determination Complete	<a href="#">3</a>
Eligibility Determination Complete and Action Needed in 30 Days	<a href="#">1</a>
Applications Submitted But Fingerprints Not Completed	<a href="#">4</a>
Pending Payments	0
Employees	
Provisional Status Expiring (Within 5 Days)	0
Provisional Status Expired	0



**The counts are hyperlinked to records. The first option, “Not Yet Submitted” resumes work on incomplete submittals**



**Applications: Applications Not Yet Submitted**

Enter Filter Options

Application #:  Provider:    
Last Name:   
Date Saved:  to

**Search**

Results

Locked	App # - Type	Provider	Last	First	SSN	Date Saved	Actions
	619	BEADLES NURSING HOME (NH7601)	<a href="#">TestMaston</a>	Christi	-6668	01/16/2014	<input type="button" value="Resume"/> <input type="button" value="Withdraw"/>
	621	BEADLES NURSING HOME (NH7601)	<a href="#">TestMiner</a>	Chelsea	-4443	01/16/2014	<input type="button" value="Resume"/> <input type="button" value="Withdraw"/>

**The last names are hyperlinked to view the record or the user can resume or withdraw the record.**



**OK-SCREEN TEST SITE**

Welcome to OK-SCREEN! Version 20131209 - Revised December 9, 2013

The Oklahoma Screening and Registry Employee Evaluation Network can be used to manage the screening process for employees in long term care settings with direct patient access. The system will guide the user through entering an applicant, conducting checks of public registries and in later versions initiating fingerprint based criminal history checks.

For additional assistance, please contact us at (405) 271-3598, toll-free at (855) 584-3550 or by email by clicking on this [email help link](#).

**At a Glance**

Applications	
Not Yet Submitted By Provider	<a href="#">7</a>
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Eligibility Determination In Process	<a href="#">4</a>
Eligibility Determination Complete	<a href="#">3</a>
Eligibility Determination Complete and Action Needed in 30 Days	<a href="#">1</a>

**Important Messages**

**Update**

Fingerprinting is not in effect as of November 1, 2012. Please continue performing name based checks. However, new barrier offenses for Nurse Aides and Nontechnical Service Workers are in effect. See the grant program website for updates: <http://onbc.health.ok.gov>

**Training**

[OK-SCREEN Phase I Demonstration](#) [WARNING: This is a large PowerPoint screen show file. Click the "Save As"

Select 'Applications' to start a new entry.



[Home](#)[Applications](#)[Employees](#)[Search](#)[Reports](#)[Reference](#)[Admin](#)[Add New](#)[Not Yet Submitted](#)[Flagged For Review](#)[Determination In-Process](#)[Determination Available](#)[Batch Payments](#)[Application Forms](#)[Registry Recheck](#)

## Applicants: Add New

### Search for Existing Profile

#### 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:  AND Last Name  OR Date of Birth

 [Search](#)

**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.**



[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination](#) | [Provider Reports](#) | [Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicants: Add New

### Search for Existing Profile

#### Enter Search Criteria

If using the Name field, be sure to type the LAST name as it appears on the applicant's 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 (IRS) and should be used as a substitute for the SSN only if the applicant does not have a Social Security Administration (SSA).

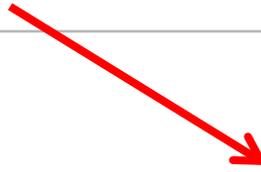
\* SSN / ITIN:  AND Last Name:  OR Date:

Search

#### Results

This individual was not found in the background checking system.

Since the applicant was not found we will add a new applicant



Add New Applicant



### Create Profile

#### Personal and Demographic Information

\* Required

\* First Name:

Middle Name:

\* Last Name: Testaide

Suffix:

\* SSN: 555-55-5554  This is an ITIN

Date of Birth:

\* Race:

\* Gender:

Eye Color:

Hair Color:

Height:

Weight:  lbs

US Citizen:

Place of Birth:

Primary Phone:

Primary Phone Type:

Secondary Phone:

Secondary Phone Type:

Email Address:

CARRIED FORWARD

#### Permanent/Physical Address

\* Address Line 1:

Address Line 2:

\* City:

\* State: Oklahoma

\* ZIP:

County:

(Uncheck box to enter mailing address)

Permanent Address

Both Aliases and Prior Addresses can be entered.

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

This individual does not have any aliases entered.

Add New

Prior Addresses within the last 7 years

This individual does not have any prior addresses entered.

Add New



Create Profile

Personal and Demographic Information

\* Required

\* First Name: Millie

\* SSN: 555-55-5554  This is an ITIN

Middle Name: Q

\* Date of Birth: 01/01/1961

\* Last Name: Testaide

\* Race: White

Add Alias

\* Required

First Name: Millie

SSN: 555-55-5554

Middle Name: Q

Date of Birth: 01/01/1961

Last Name: TestFreeman

Cancel Save

Permanent/Ph

\* A

A

County:

Primary Phone: 405-555-1234

Primary Phone Type: Home

Secondary Phone:

Secondary Phone Type:

Email Address:

Mailing Address (Uncheck box to enter mailing address)

Same as Permanent Address

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

This individual does not have any aliases entered.

Add New

Prior Addresses within the last 7 years

This individual does not have any prior addresses entered.

Add New



Create Profile

Personal and Demographic Information

\* Required

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* SSN:   This is an ITIN

\* Date of Birth:

\* Race:

\* Gender:

Eye Color:

Hair Color:

Height:

Weight:  lbs

US Citizen:

Place of Birth:

Primary Phone:

Primary Phone Type:

Permanent/Physical Address

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* ZIP:

County:

Let's say Millie worked in Texas and Arkansas previously. Select 'Add New'

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

Last	First	Middle	SSN	DOB
TestFreeman	Millie	Q	555-55-5554	01/01/1961

Add New

Prior Addresses within the last 7 years

This individual does not have any prior addresses entered.

Add New

Middle Name: Q

Date of birth: 01/01/1961

\* Last Name: Testaide

\* Race: White

Suffix:

\* Gender: Female

### Add Prior Address

\* Required

Prior address should be within the last 7 years

City: Dallas

\*\* State: Texas

\* Year From: 2007

\* Year To: 2010

Cancel Save



Mailing Address (Uncheck box to enter mailing address)

Same as Permanent Address

Primary Phone Type: Home

Secondary Phone:

Secondary Phone Type:

Email Address:

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

Last	First	Middle	SSN	DOB
TestFreeman	Millie	Q	555-55-5554	01/01/1961

Prior Addresses within the last 7 years

This individual does not have any prior addresses entered.



Create Profile

Personal and Demographic Information

\* Required

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* SSN:   This is an ITIN

\* Date of Birth:

\* Race:

\* Gender:

Eye Color:

Hair Color:

Height:

Weight:  lbs

US Citizen:

Place of Birth:

Primary Phone:

Primary Phone Type:

Secondary Phone:

Secondary Phone Type:

Email Address:

Permanent/Physical Address

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* ZIP:

County:

Mailing Address (Uncheck box to enter mailing address)

Same as Permanent Address

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

Last	First	Middle	SSN	DOB
TestFreeman	Millie	Q	555-55-5554	01/01/1961

Add New

Prior Addresses within the last 7 years

Years	City	State
2007-2010	Dallas	TX

Add New



Create Profile

Personal and Demographic Information

\* Required

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* SSN:

\* Date of Birth:

\* Race:

\* Gender:

Eye Color:

Hair Color:

Height:

Weight:  lbs

US Citizen:

Place of Birth:

Primary Phone:

Primary Phone Type:

Secondary Phone:

Secondary Phone Type:

Email Address:

**With the personal and demographic information complete, we're ready to check the licensure and registry status**

Permanent/Physical Address

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* ZIP:

County:

Mailing Address (Uncheck box to enter mailing address)

Same as Permanent Address

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

Last	First	Middle	SSN	DOB
TestFreeman	Millie	Q	555-55-5554	01/01/1961

[Add New](#)

Prior Addresses within the last 7 years

Years	City	State
2007-2010	Dallas	TX
2010-2011	Little Rock	AR

[Add New](#)



[Back](#) [Next](#)



### Applicants: Add New

#### Enter Pre-Employment Information

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

#### 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).

**Add License/Certification**



#### Position Applied For

\* Required

\* Provider: BEADLES NURSING H

\* Position Category:

\* Position:

\* Employee Type: Employee

**If the applicant has a license not discovered in the system you may record that information by selecting the 'Add license/Certification' button.**

**Close Due to Invalid License/Cert**

**Withdraw**

**Save and Close**

**Back**

**Next**



Home Applications Employees Search Reports Reference Admin

Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck

Applicants: Add New

Enter Pre-Employment Testing | Add License/Certification

Millie Q Testaide, M.D.

Licenses/Certifications

Licensing Registries

This individual does not have any active licenses or certifications.

Position Applied For

- \* Required
- \* Provider
- \* Position Category
- \* Position
- \* Employee Type

Close Due to Invalid

Withdraw Save and Close

Back Next

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### Add License/Certification

#### Information from License/Certification

Please enter the License information as it appears on the License.

\* Name:

\* License/Certification Type:

\* License/Certification #:

\* Status:

\* Issue Date:

Expiration Date:

Address 1:

Address 2:

City:

State:

ZIP:



## Applicants: Add New

### Enter Pre-Employment Information

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

#### 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.

Name on License	Address on License	License Type	License/Certification Type & Number	Status	Issue Date	Expiration Date	Source	Select
Millie Testaide	123 Pine Road Little Rock, AR 65321	OT/PT	AR1231234	Active	01/12/2011	01/31/2015	<a href="#">User-Added</a>	<input checked="" type="checkbox"/>

[Add License/Certification](#)

#### Position Applied For

\* Required

\* Provider:

\* Position Category:

\* Position:

\* Employee Type:

**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.**

[Close Due to Invalid License/Cert](#)

[Withdraw](#)

[Save and Close](#)

[Back](#)

[Next](#)

[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicants: Add New

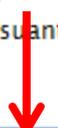
### Confirm Applicant Consent

Millie Q Testaide, XXX-XX-5554, 1/1/1961, Application #: 628

\* Required

\*   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](#)

[Back](#) [Next](#) 

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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.



Applicants: Add New

**Research Registries**

Millie Q Testaide, XXX-XX-5554, 1/1/1961, Application #: 628  
 Alias: Millie Q TestFreeman; XXX-XX-5554; 1/1/1961

Registry Name	Research Requirements	Research Results	Research Completed	Con
<a href="#">OK Child Care Restricted Registry</a>	Manual Search	* <input type="text"/>		<a href="#">View (0)</a>
<a href="#">OK Community Services Worker Registry</a>	Manual Search	* <input type="text"/>		
<a href="#">OK Nurse Aide Registry</a>	Automatch performed, no matches found <a href="#">Recheck Registry</a> Link Clicked On	* <input type="text"/>		<a href="#">View (0)</a> <a href="#">Add</a>

**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**

01/19/2014



<a href="#">OK Violent Offender Registry</a>	no matches found <b>Recheck Registry</b> Link Clicked On 01/19/2014	* <input type="text"/>
<a href="#">OK On Demand Court Records</a>	Manual Search Optional	<input type="text"/>
<a href="#">AR Nurse Aide Registry</a>	Manual Search Optional	<input type="text"/>
<a href="#">AR Professional Licenses</a>	Manual Search Optional	<input type="text"/>
<a href="#">TX Nurse Aide Registry</a>	Manual Search Optional	<input type="text"/>

**Research Registries Not Listed**

**Withdraw** **Save and Close**

Note that some registries are optional.

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.





OK Sex Offender Registry    Recheck Registry    \* [ ]

Link Clicked On

64462644

**Optional Registries**

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

\* Required

State: - Federal -

\* Registry Name: - Federal -

RegistryUrl:

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada

Cancel    Save

AR Nurse Aide Registry    View (0)    Add

AR Professional Licenses    View (0)    Add

TX Nurse Aide Registry    View (0)    Add

**Research Registries Not Listed**

Withdraw    Save and Close    Back    Next

Link Clicked On  
8/14/2014

### Optional Registries

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

\* Required

State:  

\* Registry Name:

RegistryUrl: <https://www.ksnurseaidregistry.org/Clients/KSDHE/Public/CertificationVerification.aspx>



AR Nurse Aide Registry      Manual Search Optional



<a href="#">AR Professional Licenses</a>	Manual Search Optional	<input type="text"/>		
<a href="#">TX Nurse Aide Registry</a>	Manual Search Optional	<input type="text"/>		View (0) Add
<a href="#">KS Nurse Aide Registry</a>	Manual Search Optional - User Added <a href="#">Remove</a>	<input type="text"/>		View (0) Add

**Research Registries Not Listed**

[Withdraw](#) [Save and Close](#) [Back](#) [Next](#)

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**Notice that the KS Nurse Aide Registry now appears on the Registry Research page. We'll look at how to process the registries.**



## Child Care Restricted Registry — Joshua's List

2.1.1

[OKDHS Home](#)

[Make Inquiry](#)

### Welcome

For questions or help using this site, please call the Licensing Records Office at (405)521-2355, or 1-800-347-2276.

If you are a child care program or agency, select:

All others, select:

**This is the Child  
Care Restricted  
Registry or Joshua's  
List. Click on the  
Public Inquiry.**

### Child Care Restricted Registry

The Restricted Registry search is required for:

1. any individual making application for licensure to operate a child care facility;
2. any individual signing the application as a household member;
3. any individuals age 18 years or older, prior to their residence in a child care facility, excluding residential facilities and child placing agencies; and, caregivers.

Individuals identified as registrants are prohibited from licensure, ownership, employment, and/or residence in a licensed child care facility.

Individuals may be recorded on the child care restricted registry for 3 reasons.

1. If a person has a confirmed/substantiated finding of abuse or neglect of children for an incident that occurred on or after July 1, 2010, while in the care of a child care facility.
2. If a person has had a child care facility license that has been denied or revoked for incidents that occurred on or after July 1, 2010.
3. If a person has a criminal conviction for certain violent crimes or crimes against children.

The number of persons on this registry may be nominal initially since the registry only includes individuals convicted of the named crimes and individuals who committed improper acts on or after July 1, 2010, and after exhausting all appropriate administrative appeals.

The full policy regarding the Child Care Restricted Registry may be found in [OAC 340:110-1-10.1](#).

Browser address bar: <https://ccrrpublicj.okdhs.org/ccrrpublicj/public/FindWorker.aspx>

Navigation: File Edit View Favorites Tools Help

OKDHS OKLAHOMA DEPARTMENT OF HUMAN SERVICES  
www.okdhs.org

Divisions/Offices | Careers | Calendar | Contact Us

Child Care Restricted Registry — Joshua's List

OKDHS Home  
Make Inquiry

### Public Inquiry Screen

Social Security Number

—OR—

First Name

Last Name

**This search can be done based on SSN or Name. Click on Find SSN.**





Child Care Restricted Registry — Joshua's List

[OKDHS Home](#)

[Make Inquiry](#)

Public Inquiry Screen

### Child Care Restricted Registry Verification

You entered: XXX-XX-5554

The above listed individual is a:

Non-registrant as of 1/19/2014

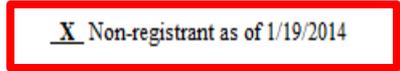
Registrant

Oklahoma Child Care Services

Based on the information provided, this individual may or may not be the subject of your search.

[New Search](#)

**You are looking to see that this applicant is NOT on the registry.**



Home Applications Employees Search Reports Reference Admin

Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck

Applicants: Add New

Research Registries

Millie Q Testaide, XXX-XX-5554, 1/1/1961, Application #: 628  
Alias: Millie Q TestFreeman; XXX-XX-5554; 1/1/1961

Registry Name	Research Requirements	Research Results	Research Completed	Comments
<a href="#">OK Child Care Restricted Registry</a>	Manual Search Link Clicked On 01/19/2014	* Cleared	01/19/2014	View (0) Add

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."

[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicants: Add New

Research Registries

Millie Q Testaide, XXX-XX-5554, 1/1/1961, Application #: 628  
Alias: Millie Q TestFreeman; XXX-XX-5554; 1/1/1961

Registry Name	Research Requirements	Research Results	Research Completed	Comments
<a href="#">OK Child Care Restricted Registry</a>	Manual Search Link Clicked On 01/19/2014	* Cleared Cleared Not Cleared Flagged for Review	01/19/2014	<a href="#">View (0)</a> <a href="#">Add</a>

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.



## Research Registries

Millie Q Testaide, XXX-XX-5554, 1/1/1961, Application #: 628  
Alias: Millie Q TestFreeman; XXX-XX-5554; 1/1/1961

Registry Name	Research Requirements	Research Results	Research Completed	Comments
<a href="#">OK Child Care Restricted Registry</a>	Manual Search Link Clicked On 01/19/2014	* Not Cleared	01/19/2014	<div style="border: 1px solid gray; height: 100px; width: 100%;"></div> <div style="text-align: right;"><a href="#">View (0)</a> <a href="#">Add</a></div>

**If 'Not Cleared' or 'Flagged for Review' are selected, entries in the comment box are required as indicated by the red asterisks.**



Registry Name	Research Requirements	Research Results	Research Completed	Comments
<a href="#">OK Child Care Restricted Registry</a>	Manual Search Link Clicked On 01/19/2014	* Cleared	01/19/2014	<a href="#">View (0)</a> <a href="#">Add</a>
<a href="#">OK Community Services Worker Registry</a>	Manual Search Link Clicked On 01/19/2014	* Cleared	01/19/2014	<a href="#">View (0)</a> <a href="#">Add</a>
<a href="#">OK Nurse Aide Registry</a>	Automatch performed, no matches found <a href="#">Recheck Registry</a> Link Clicked On 01/19/2014	* Cleared	01/19/2014	<a href="#">View (0)</a> <a href="#">Add</a>
<a href="#">OIG List of Excluded Individuals/Entities</a>	Automatch performed, no matches found <a href="#">Recheck Registry</a> Link Clicked On 01/19/2014	*		<a href="#">View (0)</a> <a href="#">Add</a>

Automatch performed,  
no matches found  
[Recheck Registry](#)  
Link Clicked On  
01/19/2014



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.**





**Registry Search**

**Search by**

- Basic
- Appearance
- Offense

**Search All or Within Last Search**

- all
- within last search

Last search:

**Search Tips**

Search Tip: You can use any field or combination of fields shown to enter your search criteria.

Search Tip: An asterisk, "\*", is the wildcard character. The asterisk matches any number of characters. If an asterisk is displayed with the label of a textbox, you can place an asterisk anywhere in the text and any number of times.

Search Combinations: Choose to search from all offenders or only from within your last search results.

Search By: The different Search By options offer different information and perspectives to identify offenders.

**Search - Basic**

First name \*

Last name \*

Address \*

City \*

State

Zip code \*

County

**List of Delinquent Registrations**

Please click here to view those registrants we believe to be in violation of the Sex Offenders Registration Act. If you have information as to their whereabouts, please communicate it to us by clicking on the name and entering the information, as well as by notifying your local authorities.

1037 [offenders are delinquent](#)

**List Of Sex Offender**

Please click the link below to view Sex Offender Roster.

[Sex Offender Roster](#)

**Screenshot of the Sex Offender Web browser. With automatch, you will not need to visit this web-page, it is optional.**





U.S. Department of Health & Human Services

# Office of Inspector General

U.S. Department of Health & Human Services

Advanced

About OIG

Reports & Publications

Fraud

Compliance

Recovery Act Oversight

Exclusions

Newsroom

Home > Exclusions

## Search the Exclusions Database

### Search For An Individual

[Search For Multiple Individuals](#) | [Search For A Single Entity](#) | [Search For Multiple Entities](#)

Last Name (and/or) First Name

**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.**





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U.S. Department of Health & Human Services

Advanced

About OIG

Reports & Publications

Fraud

Compliance

Recovery Act Oversight

Exclusions

Newsroom

Home > Exclusions

## Exclusions Search Results: Individuals ?

No Results were found for

> Testaide , Millie

**i** If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

[Search Again](#)

Search conducted 1/19/2014 1:25:22 PM EST on OIG LEIE Exclusions database.

**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.**



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Report #, Topic, Keyword.. Search

Advanced

About OIG Reports & Publications **Fraud** Compliance Recovery Act Oversight Exclusions Newsroom

Home > Exclusions

Exclusions Search Results: Individuals 

Results were found for

» Smith, John

**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.**

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>General</u>	<u>Specialty</u>	<u>Exclusion</u>	<u>Waiver</u>	<u>SSN/EIN</u>
<a href="#">SMITH</a>	JOHN	D	MEDICAL PRACTICE, MD	GENERAL PRACTICE	1128(b)(14)		<a href="#">Verify</a>
<a href="#">SMITH</a>	JOHN WILLIAM		MEDICAL PRACTICE, MD	PLASTIC SURGERY	1128(b)(4)		<a href="#">Verify</a>
<a href="#">SMITHEY</a>	JOHN		NURSING PROFESSION	NURSE/NURSES AIDE	1128(b)(4)		<a href="#">Verify</a>

Search conducted 2/6/2014 2:46:26 PM EST on OIG LEIE Exclusions database.  
Source data updated on 1/8/2014 2:00:00 PM EST.

[Return to Search](#)





U.S. Department of Health & Human Services

# Office of Inspector General

U.S. Department of Health & Human Services

Report #, Topic, Keyword..

Advanced

About OIG

Reports & Publications

Fraud

Compliance

Recovery Act Oversight

Exclusions

Newsroom

Home > Exclusions

## Exclusions Search Results: Verify <sup>2</sup>

[Return to Search Results](#) | [Begin a New Search](#)

First Name	JOHN
Middle Name	D
Last Name	SMITH
DOB	06/08/1970
NPI	Unknown
UPIN	Unknown
General	MEDICAL PRACTICE, MD
Specialty	GENERAL PRACTICE
Address	768 S 15TH STREET PHILADELPHIA, PA 19146-0000
Excl. Type	1128(b)(14)- DEFAULT ON HEALTH EDUCATION LOAN OR SCHOLARSHIP OBLIGATION
Excl. Date	04/20/2003
Waiver	

Verification conducted 2/6/2014 2:55:42 PM EST on OIG LEIP...  
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 (123456789).

999999997

Verify

**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	08/08/1970
NPI	Unknown
UPIN	Unknown
General	MEDICAL PRACTICE, MD
Specialty	GENERAL PRACTICE
Address	768 S 15TH STREET PHILADELPHIA, PA 19148-0000
Excl. Type	1128(b)(14)- DEFAULT ON HEALTH EDUCATION LOAN OR SCHOLARSHIP OBLIGATION
Excl. Date	04/20/2003
Waiver	

Verification conducted 2/8/2014 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 (123456789).

Verify 



Name and SSN DO NOT MATCH

<a href="#">OK Violent Offender Registry</a>	no matches found <b>Recheck Registry</b> Link Clicked On 01/19/2014	* Cleared	01/19/2014	<input type="button" value="Add"/>
<a href="#">OK On Demand Court Records</a>	Manual Search Optional	<input type="text"/>		<input type="button" value="View (0)"/> <input type="button" value="Add"/>

**The OK On-Demand Court Records provide a name based manual search of Oklahoma Court Records**



# On Demand Court Records

Pricing

Search public court records from participating courts

Select a court

Party name  
*Last, First*

Party type

Type of case

Full case number

Filed date range

 to 

Activity date

[Search for cases](#)

or [Reset all of the fields](#)

**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.**



## Research Registries

*Millie Testaide, XXX-XX-5554, Application # 628*

Registry Name	Research Requirements	Research Results	Research Completed	Comments
<a href="#">OK Child Care Restricted Registry</a>	Manual Search Required	<input type="text"/>		
<a href="#">OK Community Services Worker Registry</a>	Manual Search Required	<input type="text"/>		
<a href="#">OK Nurse Aide Registry</a>	<b>Auto-Match</b> <a href="#">2 Matches - View Details</a>	<input type="text"/>		

**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.**



[OK Nurse Aide Registry](#)

**Auto-Match**

[2 Matches - View](#)

[Details](#)



[OK Sex Offender Registry](#)

Manual Search

[OK Violent Offender Reg](#)

[OIG List of Excluded Ind](#)

[National Sex Offender P](#)

### OK Nurse Aide Registry Auto-Matches



***Millie Testaide, XXX-XX-5554, Application # 628***

Auto-Match results as of: 1/19/2014

#### Match Details

SSN: 555-55-5554

Name: MILLIE TESTAIDE

Address: 123 Main Street, Alva, OK 74567

Date of Birth: 1/1/1961

Sex: F

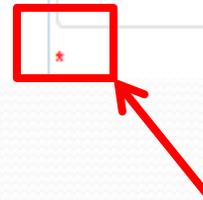
Offense: OK, 06/04/2012, Substantiated



**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.**

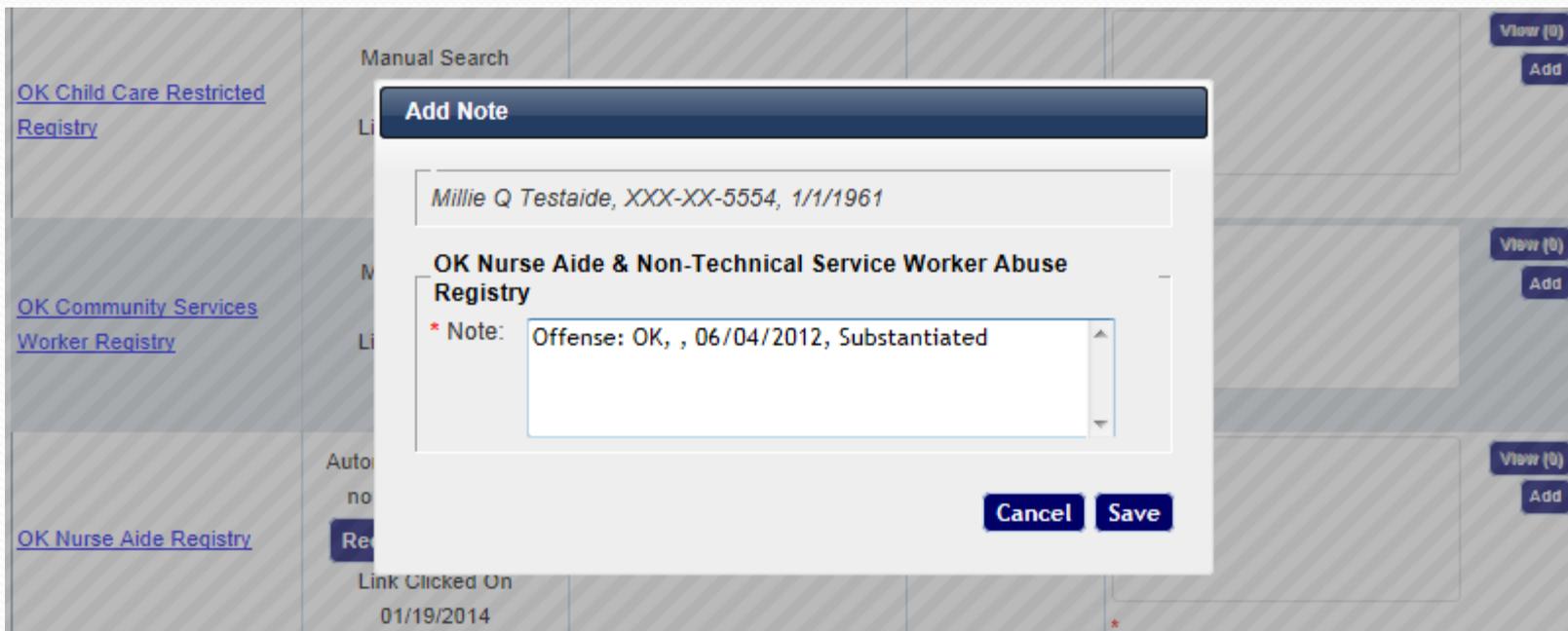


<a href="#">OK Community Services Worker Registry</a>	Manual Search Link Clicked On 01/19/2014	* Cleared	01/19/2014	View (0) Add
<a href="#">OK Nurse Aide Registry</a>	Automatch performed, no matches found <a href="#">Recheck Registry</a> Link Clicked On 01/19/2014	* Not Cleared	01/19/2014	View (0) Add



**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.”**



<a href="#">OK Community Services Worker Registry</a>	Manual Search	* Cleared	01/19/2014		Add
<a href="#">OK Nurse Aide Registry</a>	Automatch performed, no matches found <b>Recheck Registry</b> Link Clicked On 01/19/2014	* Not Cleared	01/19/2014	<i>Last comment: walterjBeadlesPAM - 1/19/2014 12:58 PM</i> ----- Offense: OK, , 06/04/2012, Substantiated	View (1) Add
<a href="#">OIG List of Excluded Individuals/Entities</a>	Automatch performed, no matches found <b>Recheck Registry</b> Link Clicked On	*			View (0) Add

**Research Registries Not Listed**

Withdraw Save and Close

Back **Next**

walterjBeadlesPAM

UAT - Version: 20131209

**When you return to the Registry Check screen, click on the “Next” button. This will close the application.**



**Confirm Not Cleared**

You have set at least one registry to Not Cleared. Are you sure you want to continue?

Yes No

AR Nurse Aide Registry Manual Search Optional

AR Professional Licenses Manual Search Optional

KS Nurse Aide Registry Manual Search Optional - User Added Remove

TX Nurse Aide Registry Manual Search Optional

Research Registries Not Listed

Withdraw Save and Close Back Next

walterjBeadlesPAM UAT - Version: 20131209

**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.”**



[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicant: Add New

### Application Closed Confirmation

Millie Q Testaide, XXX-XX-5554, 1/1/1961, Application #: 628, Background Check #: 680

#### Application Status

At least one registry was set to "Not Cleared". Your application was closed with a reason of "Not Hired Due to Registry Results."

#### Application Forms

[OK Final Registry Results](#)  
OK Final Registry Results

walterjBeadlesPAM

UAT - Version: 20131209

**This is the confirmation that you have closed the application. Click on “OK Final Registry Results” hyperlink to open the report.**



Home Applications Employees Search Reports Reference Admin

Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck

Applicant: Add New

### Application Closed Confirmation

Millie Q Testaide, XXX-XX-5554, 1/1/1961, Application #: 628, Background Check #: 680

#### Application Status

At least one registry was set to "Not Cleared". Your application was closed with a reason of "Not Hired Due to Registry Results."

#### Application Forms

[OK Final Registry Results](#)  
OK Final Registry Results

walterjBeadlesPAM

UAT - Version: 20131209

You will get the message below asking if you want to open or save the OK Final Registry Results report. We'll open it.



Do you want to open or save OK Final Registry Results.pdf (222 KB) from www.phin.state.ok.us?

Open

Save

Cancel

x

## 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

Application #:	628		
Name:	Millie Q Testaide	SSN:	XXX-XX-5554
Address:	123 Main Street Alva, OK 74567	Date of Birth:	1/1/1961
		Race:	White
		Gender:	Female
County:		Eye Color:	Brown
Place of Birth:	US: California	Hair Color:	Brown
		Weight:	125
		Height:	5'4"

### OK Child Care Restricted Registry

Registry URL: <https://ccrrpublicjl.okdhs.org/ccrrpublicjl/public/>

Registry Contact: Licensing Records Office  
Registry Contact Phone #: 800-347-2276  
Registry Contact Email:

**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.**



Research Completed on: 1/19/2014  
Research Completed by: Walter Jacques  
Research Results: Cleared  
Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

---

**OK Nurse Aide & Non-Technical Service Worker Abuse Registry**

---

Registry URL: <http://www.ok.gov/health/pub/wrapper/naverify.html>

Registry Contact:

Registry Contact Phone #: 405-271-4085  
Registry Contact Email: [nar@health.ok.gov](mailto:nar@health.ok.gov)

Research Completed on: 1/19/2014  
Research Completed by: Walter Jacques

Research Results: Not Cleared  
Provider Notes: walterjBeadl 1/19/2014 Offense: OK, , 06/04/2012,  
esPAM 12:58:54 PM Substantiated

If you dispute the findings shown for the registry indicated contact the phone number provided.

---

**OIG List of Excluded Individuals/Entities**

---

Registry URL: <http://exclusions.oig.hhs.gov>

Registry Contact: Joanne Francis  
Registry Contact Phone #: 410-281-3069  
Registry Contact Email:

**Note the  
annotation from  
the Oklahoma  
Nurse Aide  
Registry.**



---

**OK On Demand Court Records**

---

Registry URL: <http://www1.odcr.com/>

Registry Contact:

Registry Contact Phone #:

Registry Contact Email:

Research Completed on:

Research Completed by:

Research Results: Registry Not Checked ←

Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

---

**AR Nurse Aide Registry**

---

Registry URL: <https://registry.prometric.com/registry/publicARK>

Registry Contact:

Registry Contact Phone #: 501-682-1807

Registry Contact Email:

Research Completed on:

Research Completed by:

Research Results: Registry Not Checked ←

Provider Notes:

**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

[Help](#) | [My Account](#) | [Logout](#)

**OKLAHOMA**  
www.ok.gov

Oklahoma State Department of Health

[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicants: Add New

### Search for Existing Profile

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:  AND Last Name:  OR Date of Birth:

walterjBeadlesPAM Training - Version: 20131209



Person Summary

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



[Add New Application](#)

Personal and Demographic Information

\* Required

\* First Name: Tammy

Middle Name:

\* Last Name: Testaide

Suffix:

Permanent/Physical Address

\* Address Line 1: 1000 NE 10th St.

Address Line 2:

\* 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:

[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicants: Add New

**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.

Name of License	Address on License	License Type	License/Certification Type & Number	Status	Issue Date	Expiration Date	Source	Select
TESTAIDE, TAMMY	1000 NE 10TH OKLAHOMA CITY, OK 73117	Long Term Care Aide (LTC)	320323340612	Active	06/14/2012	06/30/2014	Auto-Matched	<input type="checkbox"/>

[Add License/Certification](#)

**Position Applied For**

\* Required

\* Provider:

\* Position Category:

\* Position:

\* Employee Type:

[Close Due to Invalid License/Cert](#)

[Withdraw](#) | [Save and Close](#)

[Back](#) | [Next](#)

Home Applications Employees Search Reports Reference

Add New Not Yet Submitted Flagged For Review Determination In-Process Determination Available Batch Payments Application Forms Registry Recheck

Applicants: Add New

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.

Name on License	Address on License	License Type	License/Certification Type & Number	Status	Issue Date	Expiration Date	Source	Select
TESTAIDE, TAMMY	1000 NE 10TH OKLAHOMA CITY, OK 73117	Long Term Care Aide (LTC)	320323340812	Active	06/14/2012	06/30/2014	Auto- Matched	<input checked="" type="checkbox"/>

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

Withdraw Save and Close

Back Next

[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicants: Add New

### 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](#)

[Back](#) | [Next](#)

walterjBeadlesPAM

Training - Version: 20131209



# Processing an applicant with no findings on the Registry Checks (all come back “Cleared”).

<a href="#">National Sex Offender Public Website</a>	Manual Search Link Clicked On 01/19/2014	<input type="text" value=""/>	* Cleared	01/19/2014	<a href="#">View (0)</a> <a href="#">Add</a>
<a href="#">OK Sex Offender Registry</a>	Automatch performed, no matches found <a href="#">Recheck Registry</a> Link Clicked On 01/16/2014	<input type="text" value=""/>	* Cleared	01/19/2014	
<a href="#">OK Violent Offender Registry</a>	Automatch performed, no matches found <a href="#">Recheck Registry</a> Link Clicked On 01/16/2014	<input type="text" value=""/>	* Cleared	01/19/2014	
<a href="#">OK On Demand Court Records</a>	Manual Search Optional Link Clicked On 01/19/2014	<input type="text" value=""/>	Cleared	01/19/2014	<a href="#">View (0)</a> <a href="#">Add</a>

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.

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

[Research Registries N](#)  
[Withdraw](#) [Save and](#)

[Back](#) [Next](#)

[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicants: Add New

### Payment

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

#### Background Check Fee

Payment Method	Amount
<a href="#">Batch Payment</a>	\$19.00
<a href="#">Cash</a>	\$19.00
<a href="#">Credit Card</a>	\$20.00

[Withdraw](#) [Save and Close](#)

[Back](#)

walterjBeadlesPAM

UAT - Version: 20131209

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.

← → <https://www.phin.state.ok.us/OKScreenStage/Payment/OkCc/2>

File Edit View Favorites Tools Help

🏠 📡 📧 🖨️ 📄 🛡️ 🛠️ ? 📄 📄

 There is a problem with this website's security certificate.

---

The security certificate presented by this website was issued for a different website's address.

Security certificate problems may indicate an attempt to fool you or intercept any data you send to the server.

We recommend that you close this webpage and do not continue to this website.

-  [Click here to close this webpage.](#)
-  [Continue to this website \(not recommended\).](#)
-  [More information](#)

**If you get this screen,  
click on the “Continue  
to this website...”  
hyperlink.**



# Oklahoma State Department of Health

## Payment Information

Oklahoma State Department of Health - On-Screen Payments

Enter your payment information below.

After you click CONTINUE, you'll be taken to a preview page, there you will finish processing your transaction.

\* Indicates required field.

### Billing Information

\* Name On Account:

TestBeadles

\* Address 1:

123 Main Street

Address 2: Suite #, Apt. #

\* City/Province:

Alva

\* State:

OKLAHOMA

\* Zip:

74111

Country: Two character code (ex. US)

Fill out the screen like making a PayPal payment.



Email Address:

walterj@health.ok.gov

Phone: *digits only, include area code*

4052713598

Itemized Costs

Item / Description	Quantity	Unit Price	Total
Background Check Fee	1	\$20.00	\$20.00
Background Check Fee			
		<b>Sub Total</b>	<b>\$20.00</b>
		<b>ONLINE FEE MAY APPLY</b>	

Payment Information

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

\* Payment Type:

Visa

\* Account Number:

5555555555554444

\* Re-enter Account Number:

5555555555554444

\* Enter CCV: ?

999

Expiration Date

\* Month:

May

\* Year:

2015

Continue Cancel

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

**\* Limited Testing**



Phone:  
4052713598

Itemized Costs

Item / Description	Quantity	Unit Price	Total
Background Check Fee	1	\$20.00	\$20.00
Background Check Fee			
		<b>Sub Total</b>	\$20.00
		<b>Grand Total</b>	\$20.00

Payment Information

Payment Type:

Visa

Account Number:

XXXXXXXXXXXX4444

Re-enter Account Number:

XXXXXXXXXXXX4444

Enter CCV:

999

Expiration Date

Month:

May

Year:

2015

Click on "Process Payment."

Only hit the PROCESS PAYMENT button once. To avoid duplicate billing, please do not hit the REFRESH or BACK button on your browser during this process. Please allow up to 60 seconds for this transaction to finish. Once complete, a receipt page will be provided for you to print.

Process Payment Back Cancel



Itemized Costs

Item / Description	Quantity	Unit Price	Total
Background Check Fee	1	\$20.00	\$20.00
Background Check Fee			
		Sub Total	\$20.00
		Grand Total	\$20.00

Payment Information

Payment Type:

Visa

Account Number:

XXXXXXXXXXXX4444

Re-enter Account Number:

XXXXXXXXXXXX4444

Enter CCV:

999

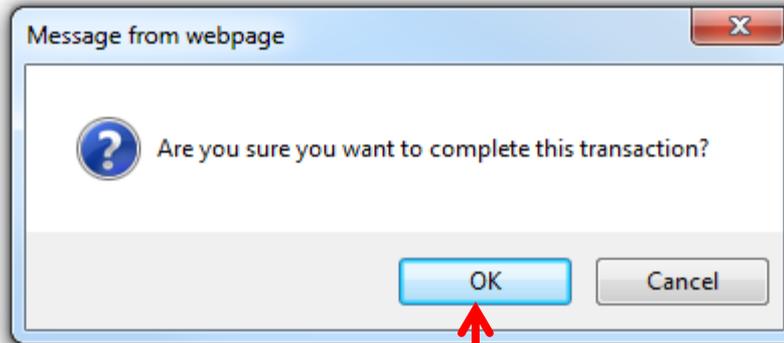
Expiration Date

Month:

May

Year:

2015



Click on "OK."

Only hit the PROCESS PAYMENT button once. To avoid dup or BACK button on your browser during this process. Please allow up to 60 seconds for this transaction to finish. Once complete, a receipt page will be provided for you to print.

Process Payment Back Cancel

[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

### Applicants: Add New

#### Payment

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

#### Background Check Fee - Payment Confirmation

Payment Method: Credit Card

Amount Paid: \$20.00

Date Paid: 1/19/2014 3:39:36 PM

Transaction Number: 4259194

[Withdraw](#)

[Save and Close](#)

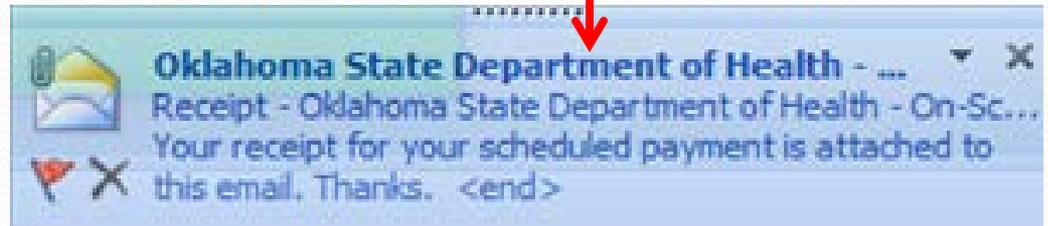
[Back](#)

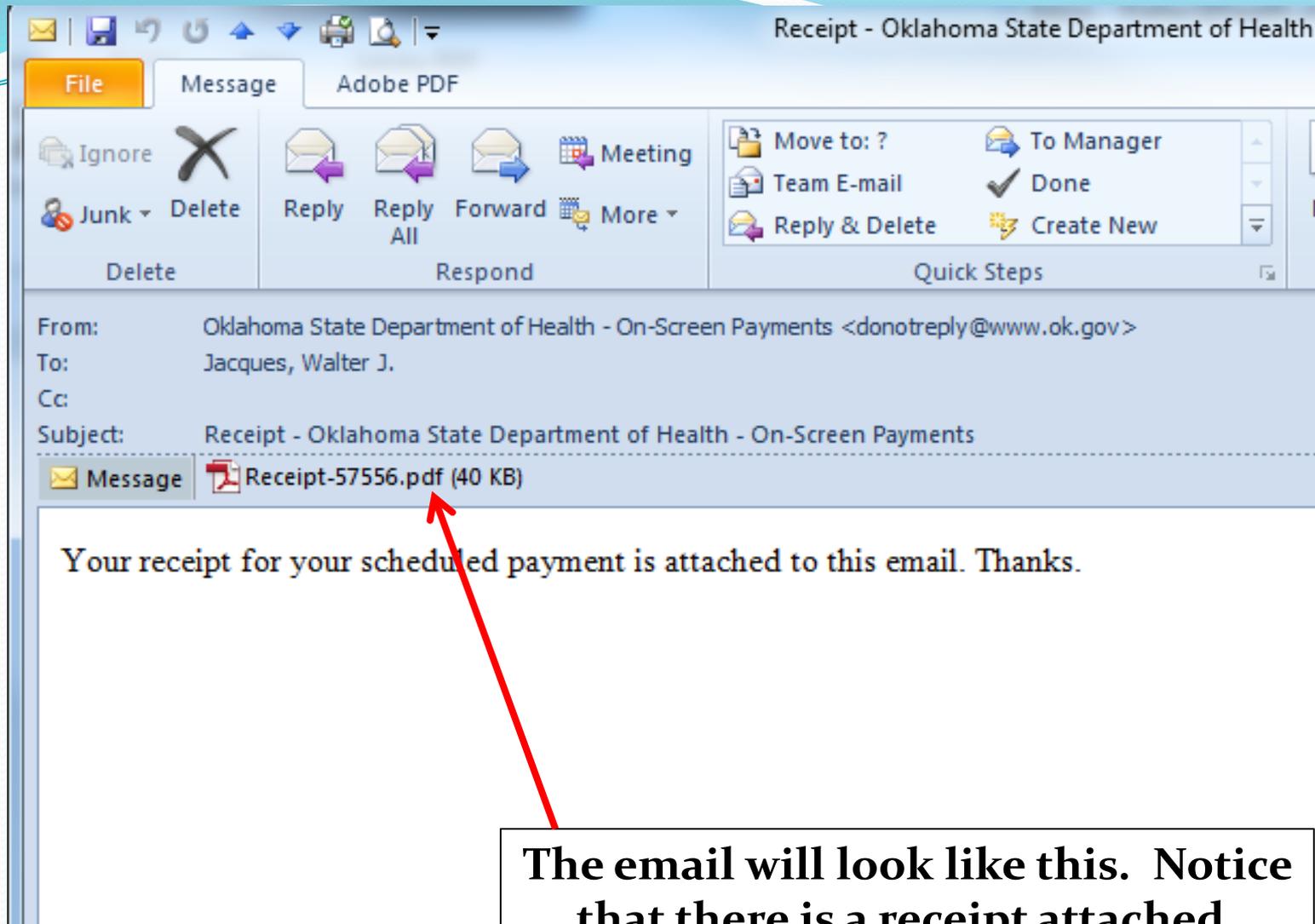
[Submit](#)

walterjBeadlesPAM

UAT - Version: 20131209

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

**This is what  
the attached  
receipt looks  
like.**

## Itemized Costs

Item / Description	Quantity	Unit Price	Total
Background Check Fee	1	\$20.00	\$20.00
Background Check Fee			
		<b>Sub Total</b>	\$20.00
		<b>Online Fee (billed separately)</b>	\$0.00
		<b>Grand Total</b>	\$20.00



[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicant: Add New

### 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

[Add Provisional Employment for Applicant](#)



**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.**

walterjBeadlesPAM



## Authorization to Fingerprint

You have applied for a position that requires the Oklahoma National Background Check Program (ONBCP) to examine any criminal history that you may have. The authority for this requirement is Title 63 O.S. § 1-1945 et. seq.

To initiate the criminal history check, please take this form with you to the fingerprint agency where your appointment has been made. The fee for your fingerprinting will be \$10.

If you do not already have an appointment to be fingerprinted, or need to change your appointment, you can do so at:

<http://www.l1enrollment.com/state/?st=ok>



**YOU MUST PRESENT THIS FORM AND A CURRENT, VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION TO BE FINGERPRINTED (I.E. DRIVER'S LICENSE, STATE ID, MILITARY ID, ETC.)**

The Oklahoma State Bureau of Investigation will provide your State and National criminal history results to the ONBCP by means of a secure, web-based system. The ONBCP will review the criminal history information and advise the facility where you are seeking employment whether you are eligible for hire based on the results of your State and National criminal history check.

*Please note that if you have a conviction for a barrier offense that would prevent you from working in that position, the ONBCP will notify you and the employer where you have applied. You will receive information on how you may appeal the decision. For information on barrier offenses, visit:*

<http://onbc.health.ok.gov>

### Applicant Information

Applicant Date: 01/19/2014 Fee: \$10.00  
ORI: OK1234567  
DI: 684

Name: Millie Testaide

Address: 123 Main Street  
Alva, OK 74567

Date of Birth: 01/01/1961

Race: White

Gender: Female

Eye Color: Brown

Weight: 125

Height: 5'4"

Place of Birth: US: California

(if not in the U.S.)

Upon collecting the applicant's fingerprints, the LiveScan operator shall return this form to the applicant for the applicant's records.

Date Fingerprints Collected: \_\_\_\_\_ Initials of Live Scan operator: \_\_\_\_\_

**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.**



**Authorization to Fingerprint**

You have applied for a position that requires the Oklahoma National Background Check Program (ONBCP) to examine any criminal history that you may have. The authority for this requirement is Title 63 O.S. § 1-1945 et. seq.

To initiate the criminal history check, please take this form with you to the fingerprint agency where your appointment has been made. The fee for your fingerprinting will be \$10.

If you do not already have an appointment to be fingerprinted, or need to change your appointment, you can do so at:

<http://www.i1enrollment.com/state/?st=ok>

**YOU MUST PRESENT THIS FORM AND A CURRENT, VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION TO BE FINGERPRINTED (I.E. DRIVER'S LICENSE, STATE ID, MILITARY ID, ETC.)**

The Oklahoma State Bureau of Investigation will provide your State and National criminal history results to the ONBCP by means of a secure, web-based system. The ONBCP will review the criminal history information and advise the facility where you are seeking employment whether you are eligible for hire based on the results of your State and National criminal history check.

From the Adobe Viewing window click on the email icon to send the file as an email attachment.



# Authorization to Fingerprint

You have applied for a position that requires the Oklahoma National Background Check examine any criminal history that you may have. The authority for this requirement is

To initiate the criminal history check, please take this form with you to the fingerprint appointment has been made. The fee for your fingerprinting will be \$10.

If you do not already have an appointment to be fingerprinted, or need to change you at:

<http://www.i1enrollment.com/state/?st=ok>

**YOU MUST PRESENT THIS FORM AND A CURRENT, VALID GOVERNMENT-ISSUED PHOTOGRAPHICALLY IDENTIFYING DOCUMENT (I.E. DRIVER'S LICENSE, STATE ID, MILITARY ID, ETC.)**

The Oklahoma State Bureau of Investigation will provide your State and National criminal history check (ONBCP) by means of a secure, web-based system. The ONBCP will review the criminal history and advise you of any criminal history that may be a barrier to employment.

Sign In

Export PDF Files

Create PDF Files

Send Files

Use Adobe SendNow Online

Attach to Email

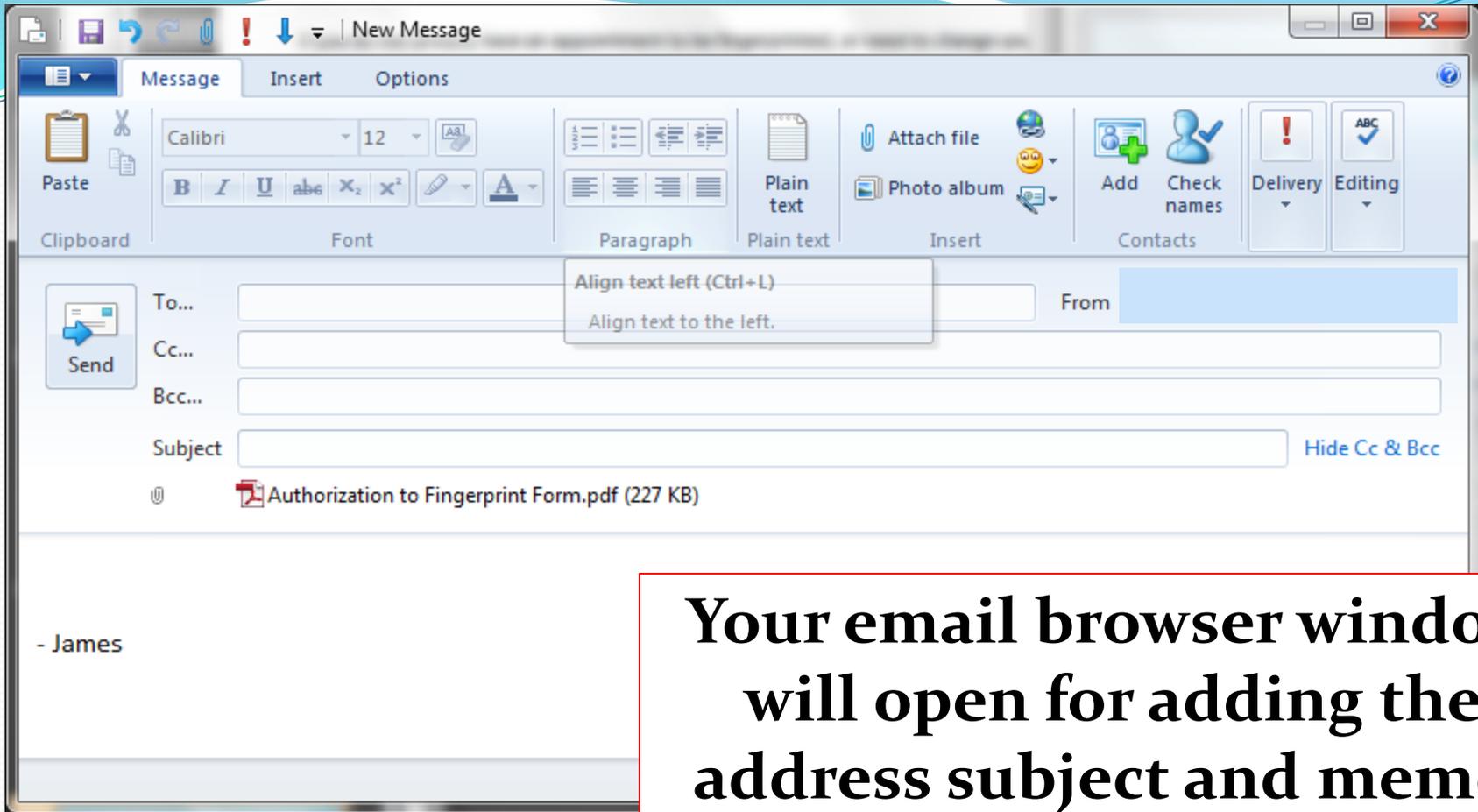
Select File:

Authorization to Fingerprint Fo...

1 file / 304 KB

Attach

Select the "Attach to Email" button and click on "Attach"



**Your email browser window will open for adding the address subject and memo.**



# Authorization to Fingerprint

You have applied for a position that requires the Oklahoma National Background Check Program (ONBCP) to examine any criminal history that you may have. The authority for this requirement is Title 63 O.S. § 1-1945 et. seq.

## Applicant Information

Applicant Date: 01/19/2014 Fee: \$10.00

ORI: OK1234567

DI: 684

Name: Millie Testaide

Address: 123 Main Street  
Alva, OK 74567

Date of Birth: 01/01/1961

Race: White

Gender: Female

Eye Color: Brown

Weight: 125

Height: 5'4"

Place of Birth: US: California

(if not in the U.S.)

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

Upon collecting the applicant's fingerprints, the LiveScan operator shall return this form to the applicant for the applicant's records.

Date Fingerprints Collected: \_\_\_\_\_ Initials of Live Scan operator: \_\_\_\_\_





Services

- Live Scan Fingerprinting
- Hard Card Fingerprinting
- FBI Criminal History Report
- State Criminal History Report
- Notary Services
- Photo Services



## Oklahoma

Welcome to Oklahoma's Fingerprinting Web Site for the Dept. of Education. This web site has been provided to you for quick and easy payment of your required fingerprinting session. Please visit the "Online Scheduling" section below. You will be able to submit your personal information, prepay for your appointment, and obtain directions to your enrollment center. The "Locations" section below provides a listing of locations in Oklahoma for you to browse before starting the appointment process.

Please choose from the following links for Oklahoma. The "Online Scheduling" section starts the appointment process. The "Locations" section provides a listing of locations in Oklahoma for you to browse before starting the appointment process. The "Forms and Links" section provides access to forms relating to the fingerprint background check process and links for information on this process.

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](#)





Formerly known as L-1 Enrollment



## Oklahoma

Select a language using a button to the right.

Willkommen    добро пожаловать    欢迎  
ברוך הבא    Vítejte    Welcome    Welkom  
Bienvenue    Chào mừng    Bienvenido    सुस्वागतम्

Follow this link to continue in English.

Oprima aquí para continuar en español.

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

REFUND POLICY | PRIVACY STATEMENT  
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Oklahoma

# 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.

<b>First Name</b>	<input type="text" value="Millie"/>
<b>Last Name</b>	<input type="text" value="Testaide"/>
<input type="button" value="Go"/>	

## 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.**



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Oklahoma

# Application Details

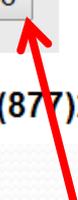
Please choose your agency or program from the list below.

Agency Name	<input type="text" value="Oklahoma State Department of Health"/>	<input type="button" value="Go"/>
-------------	--	-----------------------------------

- Please choose an item from the list. ---
- Oklahoma State Department of Education
- Oklahoma Department of Human Services
- OK Print Card
- Oklahoma Board of Nursing
- Oklahoma State Department of Health

If you have any questions v

llment Services at (877)219-0197.



Enter the applicant detail

## Application Details

Determination Number	<input type="text" value="684"/>
Last Name	<input type="text" value="Testaide"/>
Date of Birth (mm/dd/yyyy)	<input type="text" value="01/01/1961"/>
	<input type="button" value="Go"/>

If you have any questions with the website, please contact L-1 Enrollment Services at (877)2-

Enter the applicant's Determination # from the Authorization to Fingerprint Form along with the last name and date of birth.

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## Oklahoma

# Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below please follow this link to our alternative appointment scheduler.

[<-- Return to Start](#) [Pay for Ink Card Submission](#)

Enter a zip code to determine the closest fingerprinting location.  [go](#)

or

Please choose the region you will be in for your identification appointment.  
 [go](#)

[Click Here for a map of Oklahoma](#)

**Enter a ZIP Code to search for the nearest fingerprinting location and then click on the "Go" button.**

# Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

[<-- Return to Start](#)

[Pay for Ink Card Submission](#)

**sc** is a supercenter location offering passport, id theft protection and more.

Locations sorted by distance from 73717

January 19 - January 25 [Next Week >>](#)

[\[Select Another Region or Zip Code\]](#)

Sunday  
1/19/2014

Monday  
1/20/2014

Tuesday  
1/21/2014

Wednesday  
1/22/2014

Thursday  
1/23/2014

Friday  
1/24/2014

Saturday  
1/25/2014

<p>Enid Mail Run LLC 105 S Grand St Enid, OK 73701</p> <p><a href="#">Directions</a></p>	Closed	Closed	<a href="#">Click to Schedule</a>	Closed			
<p>Stillwater Postal Pak and Ship 801 S Washington St Stillwater, OK 74074</p> <p><a href="#">Directions</a></p>	Closed	<a href="#">Click to Schedule</a>	<a href="#">Click to Schedule</a>	<a href="#">Click to Schedule</a>	Closed	<a href="#">Click to Schedule</a>	Closed
<p>Oklahoma City - South Council Frey Miller 1407 S Council Rd, Ste 1405 Oklahoma City, OK 73128</p> <p><a href="#">Directions</a></p>	Closed	Closed	Schedule Full	Schedule Full	Schedule Full	Schedule Full	Closed
<p>Norman Fuson Tag Agency 1238 Interstate Dr Norman, OK 73072</p> <p><a href="#">Directions</a></p>	Closed	Closed	Schedule Full	Schedule Full	Schedule Full	<a href="#">Click to Schedule</a>	Closed
<p>Tulsa Barnes Tag Agency 8542 E 91st St</p>	Closed	Closed	Schedule Full	Schedule Full	Schedule Full	Schedule Full	Closed



Select an open appointment on the calendar from a location nearest you.



# Appointment Details

Using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

[<-- Return to Start](#)

[Pay for Ink Card Submission](#)

**sc** is a supercenter location offering passport, ID theft protection and more.

Locations sorted by distance from  
73717

[Select Another Region or Zip Code\]](#)

	Sunday 1/19/2014	Monday 1/20/2014	Tuesday 1/21/2014	Wednesday 1/22/2014	Thursday 1/23/2014	Friday 1/24/2014	Saturday 1/25/2014
<b>Enid</b> Mail Run LLC 105 S Grand St Enid, OK 73701 <a href="#">Directions</a>	Closed	Closed		<a href="#">Click to Schedule</a>	<a href="#">Click to Schedule</a>	<a href="#">Click to Schedule</a>	Closed
<b>Stillwater</b> Postal Pak and Ship 801 S Washington St Stillwater, OK 74074 <a href="#">Directions</a>	Closed	<a href="#">Click to Schedule</a>	<a href="#">Click to Schedule</a>	<a href="#">Click to Schedule</a>	Closed	<a href="#">Click to Schedule</a>	Closed

10:30 AM  
11:30 AM  
12:30 PM  
1:00 PM  
1:30 PM  
2:00 PM  
2:30 PM  
3:00 PM  
3:30 PM  
[go](#)

Select a time of day and click on "Go."



# Applicant Information

## Instructions

Items marked with an \* are required. A red exclamation mark will appear to the right of any field that has an error. Click on the exclamation mark for a description of the error.

## Applicant Name

First Name Millie	Middle Name Q	Last Name Testaide
----------------------	------------------	-----------------------

## Methods of Contact

Daytime Phone Number * ### ## ####	Daytime Phone Type * ▼	Evening Phone Number ### ## ####	Evening Phone Type ▼
Daytime Email	Evening Email		
Preferred Contact Method ▼	Preferred Contact Time ▼	Contact Notes/Instructions	
<input checked="" type="checkbox"/> Yes, please email me educational materials, special offers and information about other L-1 products and services.			

## Applicant Demographic Data

Citizen Country * United States ▼
--------------------------------------

After You Have Entered All Required Information ----> [Send Information](#)

Your privacy is important to us. At this website, we attempt to protect your privacy to the maximum extent possible. The sensitive personal information requested on this secure site is required by Oklahoma and the Federal Bureau of Investigation to process your criminal history background check. Contact information such as home phone and email address will be used only to notify customers when appointments must be rescheduled and will never be released to third parties.

The applicant information is reviewed and additions are made as necessary. Once you've completed the form, click on the "Send Information" button.



# Information Verification

## YOUR APPOINTMENT IS NOT YET COMPLETE

Please review all of the following information.  
If any of this information is incorrect, please click the change button at the bottom of each section to make any needed changes to that section.

If All Information Appears Correct ---->

go

### Application Details (1)

Agency Name: Oklahoma State Department of Health  
ORI Number: OK1234567  
Fingerprint Reason: CMS NBCP 6201

### Appointment Details

Location: Oklahoma City  
State Dept of Education - Hodge Bldg, Rm 212  
2500 North Lincoln Blvd  
Oklahoma City, OK 73110  
United States

### Appointment Details (2)

Appointment Date: 01/23/2014

Appointment Time: 08:25 AM

To change any information in this section >>>>> [Change Appointment Details](#)

### Applicant Details

Name: Millie Q Testaide

Alias 1:

Home Address:

123 Main Street  
Alva, OK 74567

Country: United States

Daytime Phone Number: 405-271-6868

Daytime Phone Type: Home

Evening Phone Number:

Evening Phone Type:

Daytime Email:

Evening Email:

Preferred Contact Method:

Preferred Contact Time:

Contact Notes/Instructions:

Date of Birth: 01/01/1961

Gender: Female

Height: 06 ft. 04 in.

Weight: 125 lbs.

Race: White

Hair Color: Brown

Eye Color: Brown

Place of Birth: California

Citizen Country: United States

To change any information in this section >>>>>

[Change Applicant Details](#)

If All Information Appears Correct ---->

go

A final Information Verification page is reviewed and if the info is correct select Go.



Formerly known as L-1 Enrollment



## Oklahoma

### 1) Method of Payment

- Money Order (pay onsite) ▾
- Money Order (pay onsite)
- Business Check (pay onsite)
- eCheck (pay now)
- Visa or Mastercard (pay now)
- Billing Account

# Payment Collection

Your total is \$10.00 Please choose a payment method below.

### 1) Method of Payment

select

**The applicant's Administrative Fee is collected or the applicant may arrange to pay on site by money order or business check.**



# Registration Complete

Register Another Applicant

Print

**Your payment has not been received yet. Please complete payment by following the instructions given below in the Payment Details section.**

## Registration Completed for Millie Q Testaide

### Appointment Details

#### Location

Oklahoma City  
State Dept of Education - Hodge Bldg, Rm 212  
2500 North Lincoln Blvd  
Oklahoma City, OK 73110  
United States

[Get directions from Google Maps](#)

#### Appointment

Date: 01/23/2014  
Time: 08:25 AM

#### Registration ID

5G14000000W

### Payment Details

**Make your payment using US Bank E-Pay**

[Continue to US Bank E-Pay -->](#)

If you do not successfully make a payment using the US Bank E-Pay system, you will be required to bring payment with you on the day of your appointment. The following payment methods are accepted on site: Money Order and Business Check.

Your total is \$10.00

### Reminders

Remember to bring a photo id issued by the state.

### Application Details

**Agency Name:** Oklahoma State Department of Health

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

[REFUND POLICY](#) | [PRIVACY STATEMENT](#)  
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**If paying by debit or credit card, final payment is made by selecting the “Continue to US Bank E-Pay, the IdentoGo payment portal.**



## Make a Payment

### My Payment

#### Fingerprinting Services

**Amount Due** \$56.00  
**Applicant Name** Millie Testaide  
**Appointment Info** January 23, 2014 at 8:25 am  
**Customer Service Number** (877) 219-0197

### Payment Information

**Frequency** One Time  
**Payment Amount** \$10.00  
**Payment Date** Pay now

### Contact Information

**First Name**   
**Last Name**   
**Company** (Optional)   
**Address 1**   
**Address 2** (Optional)   
**City**   
**State**   
**Zip Code**  (Optional)   
**Phone Number**   
**Email Address**

[Become a Registered User](#) 

### Payment Method

**Payment Method**

[Continue](#) [Cancel](#)

If paying by debit or credit card, payment source is entered here and submitted.



Services

-  Live Scan Fingerprinting
-  Hard Card Fingerprinting
-  FBI Criminal History Report
-  State Criminal History Report
-  Notary Services
-  Photo Services

## Location Listing for OK

**Please proceed to the registration page and register for your fingerprinting.**

[Click here to schedule online](#) or call toll-free (877) 219-0197

**Location listing is accurate as of Sunday January 19th 2014 9:03:40 PM CST - locations are subject to change without notice.**

[\[Central\]](#) [\[North\]](#) [\[Northeast\]](#) [\[Northwest\]](#) [\[Southeast\]](#) [\[Southwest\]](#)

<u>Location</u>	<u>Address</u>	<u>Dates &amp; Times</u>
<b>Central</b>		
Ada	Ada, OK. (128 N Oak Ave) <a href="#">[Map (opens new browser)]</a>	Mon - Fri 8:30 - 4:30
Chickasha	Chickasha, OK. (1027 S Fourth St) <a href="#">[Map (opens new browser)]</a>	Mon - Fri 9:00 - 4:00
Duncan	Duncan, OK. (1615 W Elk Ave) <a href="#">[Map (opens new browser)]</a>	Mon - Fri 9:00 - 5:00
Norman	Norman, OK. (1236 Interstate Dr) <a href="#">[Map (opens new browser)]</a>	Mon - Fri 9:00 - 5:30; Sat 9:30 - 12:30
Oklahoma City - South Council	Oklahoma City, OK. (1407 S Council Rd, Ste 1405) <a href="#">[Map (opens new browser)]</a>	Mon - Fri 8:30 - 5:00
Okmulgee	Okmulgee, OK. (223 West 6th Street) <a href="#">[Map (opens new browser)]</a>	Mon-Thurs 8:30-4:00
Stillwater	Stillwater, OK. (601 S Washington St) <a href="#">[Map (opens new browser)]</a>	Mon - Fri 10:00 - 4:00
<a href="#">back to top</a>		
<b>North</b>		
Ponca City	Ponca City, OK. (111 W Grand Ave) <a href="#">[Map (opens new browser)]</a>	Mon - Thu 8:00 - 11:30
<a href="#">back to top</a>		
<b>Northeast</b>		
Tulsa	Tulsa, OK. (6542 E 91st St) <a href="#">[Map (opens new browser)]</a>	Mon - Fri 9:00 - 11:00 & 2:00 - 4:00
<a href="#">back to top</a>		

**From the original link, you can also get a list of fingerprinting locations across Oklahoma.**

[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicant: Add New

### 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

[Add Provisional Employment for Applicant](#)

**Other print options are the Authorization to Fingerprint form and the Final Registry Results Report.**

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[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicant: Add New

### 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

#### Provisional Employment

[Add Provisional Employment for Applicant](#)



**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.**



Applicant: Add New

Application Submitted Confirmation

Anna Mae Testaide,

Hire Provisional

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

\* Required

Employment Status: Provisional

\* Provider: BEADLES NURSING HOME (NH7601)

\* Position Category: Food and Dietary Services

\* Position: Cook, chef

\* Employee Type: Employee

\* Provisional Hire Date: / /

January 2014

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Cancel Save

Application Status

Your application will not be processed until all required documents and fingerprints must be received by the provider. Click the link above.

Application Form

[Authorization to Hire](#)  
Authorization to Hire

[Background Check](#)  
Background Check

[OK Final Registry](#)  
OK Final Registry

[Determination In-Process](#)

[Applicant](#)

walterjBeadlesPAM

UAT - Version: 20131209



### Applicant: Add New

#### 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.



**OK-SCREEN TEST SITE**

Welcome to OK-SCREEN! Version 20131209 - Revised December 9, 2013

The Oklahoma Screening and Registry Employee Evaluation Network can be used to manage the screening process for employees in long term care settings with direct patient access. The system will guide the user through entering an applicant, conducting checks of public registries and in later versions initiating fingerprint based criminal history checks.

For additional assistance, please contact us at (405) 271-3598, toll-free at (855) 584-3550 or by email by clicking on this [email help link](#).

**At a Glance**

Applications	
Not Yet Submitted By Provider	<a href="#">8</a>
Not Yet Submitted By Provider > 10 Days	0
Flagged For Registry Review	0
Flagged For Registry Review > 10 Days	0
Eligibility Determination In Process	<a href="#">5</a>
Eligibility Determination Complete	<a href="#">3</a>
Eligibility Determination Complete and Action Needed in 30 Days	<a href="#">1</a>
Applications Submitted But Fingerprints Not Completed	<a href="#">5</a>
Pending Payments	0
Employees	

**Important Messages**

**Update**

Fingerprinting is not in effect as of November 1, 2012. Please continue performing name based checks. However,

**The status of Anna Testaide is now “Eligibility Determination in Process.”**

[OK-SCREEN Phase I User Manual](#) Click the hyperlink to view this Adobe Acrobat .pdf file.

Home Applications Employees Search Reports Reference Admin

Add New | Not Yet Submitted | Flagged For Review | Determination In-Process | Determination Available | Batch Payments | Application Forms | Registry Recheck

Applications **Determination In-Process**

Enter Filter Options

Application #:

Provider:

Last Name:

The aide now shows up under “Determinations in Process.”

Results

Locked	App #	Provider	Last	First	SSN	Status	Status Date	Employment Status	Action
	604	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">Batchpay</a>	Matthew	-1316	Background Check Started	01/15/2014	<b>Hire Provisionally</b>	<b>Withdraw</b>
	616	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">TestBalboa</a>	Rocky	-2227	Background Check Started	01/16/2014	<a href="#">Provisional Employee</a>	
	620	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">TestCross</a>	Robert	-1112	Background Check Started	01/16/2014	<b>Hire Provisionally</b>	<b>Withdraw</b>
	622	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">TestHenderson</a>	Phillip	-5557	Background Check Started	01/16/2014	<b>Hire Provisionally</b>	<b>Withdraw</b>
	631	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">Testaide</a>	Anna	-4441	Background Check Started	01/19/2014	<a href="#">Provisional Employee</a>	

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UAT - Version: 20131209

Person Summary

Anna Mae Testaide, XXX-XX-4441, 1/1/1938  
Current Fitness Determination: Determination In-Process  
Current Employment Status: Provisionally Employed



Profile Applications Employment Documents

Personal and Demographic Information

\* Required

\* First Name: Anna SSN: XXX-XX-4441

Middle Name: Mae \* Date of Birth: 1/1/1938

\* Last Name: Testaide \* Race: White

Suffix: \* Gender: Female

Eye Color: Brown

Permanent/Physical Address

Hair Color: Gray or Partially Gray

\* Address Line 1: 156 Dundaff St.

Height: 5'5"

Address Line 2:

Weight: 165 lbs

\* City: Carbondale

US Citizen: Yes

\* State: Oklahoma

Place of Birth: US: Pennsylvania

\* ZIP: 18407

Primary Phone:

County:

Primary Phone Type:

Mailing Address

Secondary Phone:

Same as Permanent Address: Yes

Secondary Phone Type:

Email Address:

History of Changes

Edit

Aliases/Prior Names (Includes all names by which an applicant

Prior Addresses within the last 7 years

The Person Summary has four tabs. This is the Profile tab. Click on the other three tabs to see their content.



Person Summary

Anna Mae Testaide, XXX-XX-4441, 1/1/1938  
 Current Fitness Determination: Determination In-Process  
 Current Employment Status: Provisionally Employed



**The Applications tab.  
 Note the hyperlinked  
 options.**

[Add New Application](#)

Background Check #: 683 (Fingerprint Based)

Process Started	Determination Status Status Date	Documents
1/19/2014	Ready for Determination- 1/19/2014	

*Applications Associated with this Background Check*

Application # - Type	Application Status - Status Date	Provider	Position	License Type - #	Documents	Actions
631	Submitted- 1/19/2014	BEADLES NURSING HOME (NH7601)	Cook, chef		<a href="#">Authorization to Fingerprint Form</a> <a href="#">Background Check Form</a> <a href="#">Employment Authorization Form</a> <a href="#">FBI Name Based Check Form</a> <a href="#">OK Final Registry Results</a>	<a href="#">Upload Document</a>



Person Summary

Anna Mae Testaide, XXX-XX-4441, 1/1/1938  
Current Fitness Determination: Determination In-Process  
Current Employment Status: Provisionally Employed



Provider	Position	Status	Hire Date	Separation Date	Employment Last Verified	Action
BEADLES NURSING HOME (NH7601)	Cook, chef	Provisional	01/19/2014			<a href="#">Edit</a>

History of Changes



**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."**

### Person Summary

Sally Pat TestTalley, XXX-XX-1115, 9/15/1987  
Current Fitness Determination: Eligible for Employment  
Current Employment Status: Permanently Employed

**(If an applicant has an employment history in OK-SCREEN, it will appear on the Employment Tab.)**

Provider	Position	Status	Hire Date	Separation Date	Employment Last Verified	Action
	Nurse Aide	Separated	02/05/2014	02/05/2014	02/05/2014	
	Nurse Aide	Separated	02/05/2014	02/05/2014	02/05/2014	
	Nurse Aide	Permanent	02/05/2014		02/05/2014	

### History of Changes

Person Summary

Anna Mae Testaide, XXX-XX-4441, 1/1/1938  
Current Fitness Determination: Determination In-Process  
Current Employ

**Note that you cannot permanently hire Anna Testaide until you have a determination of "Eligible." You can only separate her at this point.**

Edit Employment

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

\* Required

\* Employment Status: Provisional

Provider: Provisional  
Separated

\* Position Category: Food and Dietary Services

\* Position: Cook, chef

\* Employee Type: Employee

Provisional Hire Date: 01/19/2014

Permanent Hire Date:

Separation Date:

Employment Last Verified:

Cancel Save

Add New Application

Action

Edit

Version: 20131209

Profile Applica

Provider

BEADLES NURSIN

History of Changes

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Home Applications Employees Search Re

Person Summary

Anna Mae Testaide, XXX-XX-4441, 1/1/1938  
 Current Fitness Determination: Determination In  
 Current Employment Status: Provisionally Employed

Add New Application

Profile Applications Employment Documents

Background Check # 683

Generated Forms, Letters, and Reports

Document Type	Provider	Document Name	File Size	Generated By	Generated On
Application	BEADLES NURSING HOME (NH7601)	<a href="#">OK Final Registry Results.pdf</a>	219.0KB	walterjBeadlesPAM	1/19/2014 3:49 PM
Application	BEADLES NURSING HOME (NH7601)	<a href="#">Background Check Form.pdf</a>	6.0KB	walterjBeadlesPAM	1/19/2014 3:48 PM
Application	BEADLES NURSING HOME (NH7601)	<a href="#">Authorization to Fingerprint Form.pdf</a>	305.0KB	walterjBeadlesPAM	1/19/2014 3:47 PM

Uploaded Documents

There are no Uploaded Documents

Person Files

There are no Person Files

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UAT - Version: 20131209

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*.

OKLAHOMA  
www.ok.gov

Help | My Account | Logout

Oklahoma State Department of Health

Home Applications Employees Search Reports Reference Admin

Person Search

Person Search

Enter Search Criteria

\* Required

\* SSN:  AND Last Name:  OR Date of Birth:

walterjprovappman UAT - Version: 20131209

Person Summary

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

Current Fitness Determination: **New Application Must Be Submitted**

Current Employment Status: Not Employed

[Add New Application](#)

Profile

Applications

Employment

Personal and Demographic Information

\* Required

\* First Name: Millie

Middle Name: Q

\* Last Name: Testaide

Suffix:

Permanent/Physical Address

\* Address Line 1: 123 Main Street

Address Line 2:

Notice the data that is populated from the earlier entry at another provider.

SSN: XXX-XX-5554 This is an ITIN: No

\* Date of Birth: 1/1/1961

\* Race: White

\* Gender: Female

Eye Color: Brown

Hair Color: Brown

Height: 5'4"

Weight: 125 lbs



**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**

**Edit**

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

Last	First	Middle	SSN	DOB
TestFreeman	Millie	Q	XXX-XX-5554	01/01/1961

**Add New**

**Prior Addresses within the last 7 years**

Years	City	State
2007-2010	Dallas	TX
2010-2011	Little Rock	AR

**Add New**



### Person Summary

Millie Q Testaide, XXX-XX-5554, 1/1/1961  
Current Fitness Determination: New Application Must Be Submitted  
Current Employment Status: Not Employed

[Profile](#) [Applications](#) [Employment](#) [Documents](#)

There are no Employment entries.

[History of Changes](#)

**Note that on the Employment tab, one provider does not see the employment status of an applicant at another provider.**

walterjprovappman



### Applicants: Add New

#### Enter Pre-Employment Information

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

#### Licenses/Certifications

Licensing Registries that were auto-matched: OK Nurse Aid

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

Add License/Certification

On the “Applications” tab, select “Add New” and you can begin an application for this person.

#### Position Applied For

\* Required

\* Provider: GRACE LIVING CENTER-DEL CITY (NH5510)

\* Position Category:

\* Position:

\* Employee Type: Employee

Close Due to Invalid License/Cert

Withdraw

Save and Close

Back

Next



## Applicants: Add New

### Enter Pre-Employment Information

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

### 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).

[Add License/Certification](#)

### Position Applied For

\* Required

\* Provider: GRACE LIVING CENTER-DEL CITY (NH5510)

\* Position Category: Technical, Unlicensed Health Care

\* Position: Nurse Aide

\* Employee Type: Employee

**Enter the Position  
Category, Position and  
Employee Type, then  
click on "Next."**

[Close Due to Invalid License/Cert](#)[Withdraw](#)[Save and Close](#)[Back](#)[Next](#)

[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)  
[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

### Applicants: Add New

#### Confirm Applicant Consent

Millie Q Testaide, XXX-XX-5554, 1/1/1961, Application #: 632

\* 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](#)

[Back](#) [Next](#)

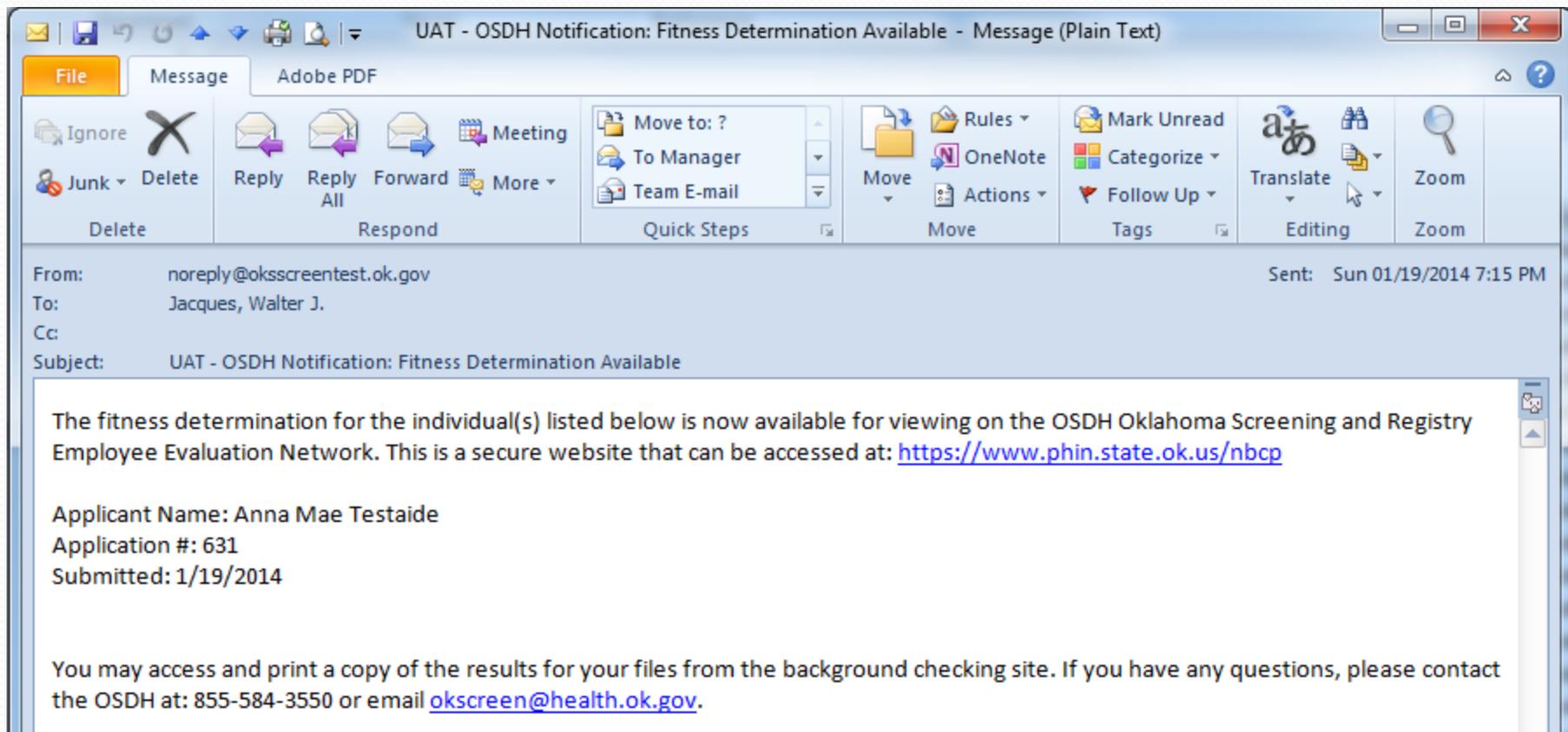
walterjprovappman

UAT - Version: 20131209

**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:**



## Home

### OK-SCREEN TEST SITE

Welcome to OK-SCREEN! Version 20131209 - Revised December 9, 2013

The Oklahoma Screening and Registry Employee Evaluation Network can be used to manage the screening process for employees in long term care settings with direct patient access. The system will guide the user through entering an application, conducting checks of public registries and in later versions initiating fingerprint based criminal history checks.

For additional assistance, please contact us at (405) 271-3598, toll-free at (855) 584-3550 or by email by clicking on [email help link](#).

#### At a Glance

Applications	
Not Yet Submitted By Provider	<a href="#">8</a>
Not Yet Submitted By Provider > 10 Days	0
Flagged For Registry Review	0
Flagged For Registry Review > 10 Days	0
Eligibility Determination In Process	<a href="#">4</a>
Eligibility Determination Complete	<a href="#">4</a>
Eligibility Determination Complete and Action Needed in 30 Days	<a href="#">1</a>

#### Important Messages

##### Update

**The Provider Account Manager clicks on this link to see the completed determination.**

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d checks.  
nd Nontec  
rant prog  
[.ok.gov](#)

ARNING: T



## Applications: Determination Available

### Enter Filter Options

Application #:

Provider:

Last Name:

Determination Date:  to

Determination:

Employment:

**Search**

### Results

Locked	App # - Type	Provider	Last	First	SSN	Determination	Determination Date	Employment Status	Actions
	574	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">Hook</a>	Shirley	-0389	Eligible	12/16/2013	<a href="#">Permanent Employee</a>	<b>Close Without Hiring</b>
	598	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">TestSmith</a>	TestFred	-9994	Eligible	01/13/2014	<a href="#">Permanent Employee</a>	<b>Close Without Hiring</b>
	600	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">Test</a>					<b>Hire</b>	<b>Close Without Hiring</b>
	631	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">Testaide</a>	Anna	-4441	Eligible	01/19/2014	<b>Hire</b>	<b>Close Without Hiring</b>

**Click on the "Hire" button next to Anna...**

Enter Filter Options

Application #:  Provider: BEADLES NURSING HOME (NH7601)

Last Name:

Determination Date:  to  Determination:

Employment:

Search

Results

Locked	App # - Type	Actions
	574	Close Without Hiring
	598	Close Without Hiring
	600	Close Without Hiring
	631	Hire Close Without Hiring

**Hire**

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

*\* Required*

Employment Status: Permanent

\* Provider: BEADLES NURSING

\* Position Category: Food and Dietary Serv

\* Position: Cook, chef

\* Employee Type: Employee

\* Provisional Hire Date: 1/19/2014

\* Permanent Hire Date: 01/19/2014

Cancel Save

Enter a permanent hire date and click on "Save."



## Applications: Determination Available

### Enter Filter Options

Application #:

Provider:

Last Name:

Determination Date:  to

Determination:

Employment:

**Search**

### Results

Locked	App # - Type	Provider	Last	First	SSN	Determination	Determination	Employment	Actions
	574	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">Hook</a>	Shirley	-0389	Eligible			<a href="#">Without Hiring</a>
	598	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">TestSmith</a>	TestFred	-9994	Eligible			<a href="#">Without Hiring</a>
	600	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">TestThomas</a>	TestKevin	-8884	Eligible	01/13/2014	<a href="#">Hire</a>	<a href="#">Close Without Hiring</a>

**Note that Anna Mae Testaide has dropped off from the list of applications with determinations available...**



**Employees: Permanent**

Enter Search Criteria

Provider:

Position Category:

Position:

Last Name:

**...and now she shows up as a permanent employee under the "Employees" tab / Permanent page.**

Results

Provider	Last Name	First Name	Position	Hire Date	Employment Last Verified	Action
BEADLES NURSING HOME (NH7601)	<a href="#">Hook</a>	Shirley	Medication Aide / Technician	12/16/2013	12/16/2013	<a href="#">Edit</a>
BEADLES NURSING HOME (NH7601)	<a href="#">Testaide</a>	Anna	Cook, chef	01/19/2014	01/19/2014	<a href="#">Edit</a>
BEADLES NURSING HOME (NH7601)	<a href="#">TestPurdy</a>	TestBunny	Nurse Aide	01/13/2014	01/13/2014	<a href="#">Edit</a>
BEADLES NURSING HOME (NH7601)	<a href="#">TestSmith</a>	TestFred	Nurse Aide	01/13/2014	01/13/2014	<a href="#">Edit</a>



**Now we're going to try adding an applicant who already has a determination of "Eligible."**

- Home
  - Applications
  - Employees
  - Search
  - Reports
- Add New | Not Yet Submitted | Flagged For Review | Determination In-Process  
Registry Recheck

Applicants: Add New

### Search for Existing Profile

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:  AND Last Name:  OR Date of Birth:

**Search**



### Person Summary

Anna Mae Testaide, XXX-XX-4441, 1/1/1938  
Current Fitness Determination **Eligible for Employment**  
Current Employment Status: Permanently Employed

 [Add New Application](#)

[Profile](#) [Applications](#) [Employment](#) [Documents](#)

#### Personal and Demographic Information

\* *Required*

\* First Name: Anna

SSN: XXX-XX-4441 This is an ITIN: No

Middle Name: Mae

\* Date of Birth: 1/1/1938

\* Last Name: Testaide

\* Race: White

Suffix:

\* Gender: Female

Eye Color: Brown

#### Permanent/Physical Address

\* Address Line 1: 156 Dundaff St.

Hair Color: Gray or Partially Gray

Address Line 2:

Height: 5'5"

\* City: Carbondale

Weight: 165 lbs

\* State: Oklahoma

US Citizen: Yes

[Home](#)[Applications](#)[Employees](#)[Search](#)[Reports](#)[Reference](#)[Admin](#)[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

## Applicants: Add New

### 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).

[Add License/Certification](#)

#### Position Applied For

\* *Required*

\* Provider:

\* Position Category:

\* Position:

\* Employee Type:

[Close Due to Invalid License/Cert](#)[Withdraw](#)[Save and Close](#)[Back](#)[Next](#)

[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

### Applicants: Add New

#### 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).

[Add License/Certification](#)

#### 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](#)



## Applicants: Add New

### 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.

[Withdraw](#)

[Save and Close](#)

[Back](#)

[Next](#)



[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicants: [Add New](#)

### Research Registries

*Anna Mae Testaide, XXX-XX-4441, 1/1/1938, Application #: 633*  
No recorded aliases.

Registry Name	Research Requirements	Research R
<a href="#">OK Child Care Restricted Registry</a>	Manual Search	* <input type="text"/>
<a href="#">OK Community Services Worker Registry</a>	Manual Search	* <input type="text"/>

**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.**

View (0)  
Add

View (0)  
Add



# Batch submission and payment processing

Home

Applicat

Add New | Not Yet Submitted  
Registry Recheck

Application Forms

Applications: Applications Not Yet Submitted

## Enter Filter Options

Application #:

Provider:

Last Name:

Date Saved:  to

Search

## Results

Locked	App # - Type	Provider	Last	First	SSN	Date Saved	Actions
	619	BEADLES NURSING HOME (NH7601)	<a href="#">TestMaston</a>	Christi	-6668	01/16/2014	<input type="button" value="Resume"/> <input type="button" value="Withdraw"/>
	621	BEADLES NURSING HOME (NH7601)	<a href="#">TestMiner</a>	Chelsea	-4443	01/16/2014	<input type="button" value="Resume"/> <input type="button" value="Withdraw"/>
	617	BEADLES NURSING HOME (NH7601)	<a href="#">TestPoppins</a>	Mary	-6669	01/16/2014	<input type="button" value="Resume"/> <input type="button" value="Withdraw"/>
	615	BEADLES NURSING HOME (NH7601)	<a href="#">TestSeinfeld</a>	Jerry	-5556	01/16/2014	<input type="button" value="Resume"/> <input type="button" value="Withdraw"/>



<a href="#">OK Sex Offender Registry</a>	Automatch performed, no matches found <b>Recheck Registry</b> Link Clicked On 01/16/2014	* Cleared	01/19/2014	<div style="border: 1px solid gray; width: 100%; height: 50px;"></div> <div style="text-align: right;"> <a href="#">View (0)</a>  <a href="#">Add</a> </div>
<a href="#">OK Violent Offender Registry</a>	Automatch performed, no matches found <b>Recheck Registry</b> Link Clicked On 01/16/2014	* Cleared	01/19/2014	<div style="border: 1px solid gray; width: 100%; height: 50px;"></div> <div style="text-align: right;"> <a href="#">View (0)</a>  <a href="#">Add</a> </div>
<a href="#">OK On Demand Court Records</a>	Manual Search Optional Link Clicked On 01/19/2014	Cleared		<div style="border: 1px solid gray; width: 100%; height: 50px;"></div>

**After clearing all of the registry checks for each applicant, click on the “Next” button.**

**Research Registries Not Listed**

**Withdraw   Save and Close**

**Back   Next**



[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicants: Add New

### Payment

Christi Pat TestMaston, XXX-XX-6668, 1/1/1968, Application #: 619

#### Background Check Fee

Payment Method	Amount
<a href="#">Batch Payment</a>	\$19.00
<a href="#">Cash</a>	\$19.00
<a href="#">Credit Card</a>	\$20.00

Instead of "Credit Card,"  
select "Batch Payment."

[Withdraw](#)

[Save and Close](#)

[Back](#)

walterjBeadlesPAM

UAT - Version: 20131209



[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicants: Add New

### Payment

*Christi Pat TestMaston, XXX-XX-6668, 1/1/1968, Application #: 619*

### Make Payment - Background Check Fee

#### Batch Payment

Amount: \$19.00

[Cancel](#)

[Confirm](#)

**Click on  
"Confirm."**

[Withdraw](#)

[Save and Close](#)

[Back](#)



[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

## Applicants: Add New

### Payment

*Christi Pat TestMaston, XXX-XX-6668, 1/1/1968, Application #: 619*

#### Background Check Fee - Payment Confirmation

Payment Method: Batch Payment

Amount Paid: \$19.00

Date Paid: **Pending** ( [Cancel Payment](#) )

**Click on  
"Submit."**



[Withdraw](#) [Save and Close](#)

[Back](#) [Submit](#)



[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

Applicant: Add New

### Application Submitted Confirmation

*Jerry Pat TestSeinfeld, XXX-XX-5556, 12/30/1969, Application #: 615, Background Check #: 667*

#### Application Status

Your application was successfully submitted. **must be received by 1/29/2014.** The link above.

Once you have entered several applications for batch payment, select “Batch Payments” under the “Applications” tab.

#### 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

[Add Provisional Employment for Applicant](#)

[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#) | [Admin](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

### Applications: Batch Payments

Enter Filter Options

Application #:

**You can select applications individually for payment or select all for payment using the button at the bottom left.**

**Search**

Results

Application #	Provider	Test	Name	DOB	Days Pending	Fee	Amount	Pay Now
615	BEADLES NURSING HOME (NH7601)	<a href="#">TestSeinfeld</a>	Jerry	-5556	0	Background Check Fee	\$19.00	<input type="checkbox"/>
617	BEADLES NURSING HOME (NH7601)	<a href="#">TestPoppins</a>	Mary	-6669	0	Background Check Fee	\$19.00	<input type="checkbox"/>
619	BEADLES NURSING HOME (NH7601)	<a href="#">TestMaston</a>	Christi	-6668	0	Background Check Fee	\$19.00	<input type="checkbox"/>
621	BEADLES NURSING HOME (NH7601)	<a href="#">TestMiner</a>	Chelsea	-4443	0	Background Check Fee	\$19.00	<input type="checkbox"/>



Pay Now Total: \$0.00

**Select All**



**Pay by Credit Card**

### Applications: Batch Payments

#### Enter Filter Options

Application #:  Provider:

**Search**

#### Results

Application #	Provider	Program	Last	First	SSN	Days Pending	Fee	Amount	Pay Now
615	BEADLES NURSING HOME (NH7601)		<a href="#">TestSeinfeld</a>	Jerry	-5556	0	Background Check Fee	\$19.00	<input checked="" type="checkbox"/>
617	BEADLES NURSING HOME (NH7601)		<a href="#">TestPoppins</a>	Mary	-6669	0	Background Check Fee	\$19.00	<input checked="" type="checkbox"/>
619	BEADLES NURSING HOME (NH7601)		<a href="#">TestMaston</a>	Christi	-6668	0	Background Check Fee	\$19.00	<input checked="" type="checkbox"/>
621	BEADLES NURSING HOME (NH7601)						Background Check	\$19.00	<input checked="" type="checkbox"/>

**Select All**

**Once the application(s) that you want to pay by batch are selected, click on "Pay by Credit Card."**

Pay Now Total: **\$76.00**

**Pay by Credit Card**



# Oklahoma State Department of Health

## Payment Information

Oklahoma State Department of Health - On-Screen Payment

Enter your payment information below.  
After you click CONTINUE, you'll be taken to a preview page.

\* Indicates required field.

### Billing Information

\* Name On Account:

\* Address 1:

Address 2: Suite #, Apt. #

\* City/Province:

\* State:

- Please Select -

\* Zip:

Country: Two character code (ex. US)

Email Address:

**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

The screenshot displays the Oklahoma State Department of Health web application interface. At the top left is the Oklahoma logo with the text "OKLAHOMA www.ok.gov". At the top right are links for "Help", "My Account", and "Logout". Below the logo is the text "Oklahoma State Department of Health". A navigation menu includes "Home", "Applications" (highlighted), "Employees", "Search", "Reports", "Reference", and "Admin". A secondary menu lists "Add New", "Not Yet Submitted", "Flagged For Review", "Determination In-Process", "Determination Available", "Batch Payments", and "Application Forms | Registry Recheck". The main content area is titled "Applicant: Payment" and contains a text box with the text "Walter TestBrown, XXX-XX-1115, 4/16/1958, Application #: 662". Below this, it states "No refunds given." and a section titled "Background Check Fee - Payment Confirmation" with details: "Payment Method: Billing Account", "Amount Paid: \$19.00", and "Date Paid: 5/2/2014 9:36:13 AM". At the bottom of the form are buttons for "Withdraw", "Save and Close", "Back", and "Submit". The footer shows the user "OSDHTestUser" and the version "Production - Version: 20140331". A browser zoom indicator at the bottom right shows "150%".



## Applicant: 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](#)  
Authorization to Fingerprint Form

[OK Final Registry Results](#)  
OK Final Registry Results

#### Provisional Employment

[Add Provisional Employment for Applicant](#)



# Viewing a Criminal History Report



Welcome to the OK-SCREEN!

This is not a training site! The Oklahoma Screening and Registry Employee Evaluation Network is used to manage the screening process for employees in long term care settings with direct patient access. The system will guide the user through entering an applicant, conducting checks of public registries and in initiating fingerprint based criminal history checks.

For assistance, see the instructions below or contact us at (405) 271-3598, toll-free at (855) 584-3550 or by emailing [okscreen@health.ok.gov](mailto:okscreen@health.ok.gov).

**At a Glance**

Applications	
Not Yet Submitted By Provider	0
Not Yet Submitted By Provider > 10 Days	0
Flagged For Registry Review	0
Flagged For Registry Review > 10 Days	0
Eligibility Determination In Process	2
Eligibility Determination Complete	1
Eligibility Determination Complete and Action Needed in 30 Days	0
Applications Submitted But Fingerprints Not Completed	2
Pending Payments	0
Employees	
Provisional Status Expiring (Within 5 Days)	0

**Important Messages**

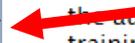
**How Do I Do This?** ...  
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 the at  
 training options see below or see the scheduled training seminars on the program website: <http://onbc.health.ok.gov>

**OK-SCREEN Classes**

For a list of upcoming training events, click this link: [OK SCREEN Training Dates](#).

For more training options see below or see the scheduled training seminars on the program website: <http://onbc.health.ok.gov>

Look for a record with a completed eligibility determination.



[Home](#) | [Applications](#) | [Employees](#) | [Search](#) | [Reports](#) | [Reference](#)

[Add New](#) | [Not Yet Submitted](#) | [Flagged For Review](#) | [Determination In-Process](#) | [Determination Available](#) | [Batch Payments](#) | [Application Forms](#) | [Registry Recheck](#)

### Applications: Determination Available

#### Enter Filter Options

Application #:

Provider:

Last Name:

Determination Date:  to

Determination:

Employment:

Select the name of the person by clicking on the hyperlink.

#### Results

Locked	App # - Type	Provider	Last	First	SSN	Determination	Determination Date	Employment Status	Actions
	668	<a href="#">BEADLES NURSING HOME (NH7601)</a>	<a href="#">Testaide</a>	Walter	-5556	Eligible	02/23/2014	<a href="#">Hire</a>	<a href="#">Close Without Hiring</a>

### Person Summary

Walter J Testaide, XXX-XX-5556, 9/6/1960  
Current Fitness Determination: Eligible for Employment  
Current Employment Status: Not Employed

[Add New Application](#)

[Profile](#) [Applications](#) [Employment](#) [Documents](#)

Select the “Documents”  
tab.

#### Personal and Demographic Information

\* Required

\* First Name: Walter

Middle Name: J

\* Last Name: Testaide

Suffix:

Date of Birth: 9/6/1960

\* Race: White

\* Gender: Male

Eye Color:

Hair Color:

Height:

Weight: lbs

US Citizen:

Place of Birth:

#### Permanent/Physical Address

\* Address Line 1: 123 Main Street

Address Line 2:

\* City: Oklahoma City

\* State: Oklahoma

Home Applications Employees Search Reports Reference

### Person Summary

Walter J Testaide, XXX-XX-5556, 9/6/1960  
Current Fitness Determination: Eligible for Employment  
Current Employment Status: Not Employed

Add New Application

Profile Applications Employment Documents

#### Background Check # 720

Generated Forms, Letters, and Reports

Document Type	Provider	Document Name	File Size	Generated By	Generated On
---------------	----------	---------------	-----------	--------------	--------------

#### Uploaded Documents

AppId	Document Type	Provider	Document Name	File Size	Uploaded By	Uploaded On
668	Application	BEADLES NURSING HOME (NH7601)	<a href="#">OSBI Criminal History (Sample)</a>	73.0KB	megawalter	2/23/2014 3:27 PM

#### Person Files

There are no Person Files

Under "Uploaded Documents," click on the link indicating a criminal history report.

Home Applications Employees **Search** Reports Reference

### Person Summary

Walter J Testaide, XXX-XX-5556, 9/6/1960  
Current Fitness Determination: Eligible for Employment  
Current Employment Status: Not Employed

Click on one of the buttons to Open or Save the document, or cancel the operation.

Profile **Applicat**

#### Background Check

Generated Forms, Letters, and Reports

Document Type	Provider	Document Name	File Size	Generated By	Generated On
---------------	----------	---------------	-----------	--------------	--------------

#### Uploaded Documents

AppId	Document Type	Provider	Document Name	File Size	Uploaded By	Uploaded On
668	Application	BEADLES NURSING HOME (NH7601)	<a href="#">OSBI Criminal History (Sample)</a>	73.0KB	megawalter	2/23/2014 3:27 PM

#### Person Files

There are no Person Files

walterjBeadlesPAM

Production - Version: 20131209

Do you want to open or save **Sample OSBI Report.pdf** (73.4 KB) from [www.phin.state.ok.us](http://www.phin.state.ok.us)?

OKLAHOMA STATE BUREAU OF INVESTIGATION  
IDENTIFICATION DIVISION  
5600 NORTH HARVEY SUITE 300  
OKLAHOMA CITY, OKLAHOMA 73116

THE FOLLOWING OSBI RECORD IS SUBJECT TO THE OKLAHOMA OPEN RECORDS ACT,  
INFORMATION SHOWN ON THIS CRIMINAL HISTORY REPRESENTS DATA FURNISHED TO OSBI  
BY FINGERPRINT CONTRIBUTORS, DISTRICT ATTORNEYS, AND COURT RECORDS. WHERE

The .pdf document with the criminal history report will open and look something like this (minus the redacted content).

OSBI #: [REDACTED] FBI#: [REDACTED] RELEASE DATE: [REDACTED]  
NAME: [REDACTED]  
SEX RACE BIRTHDATE HEIGHT WEIGHT EYES HAIR BIRTHPLACE CITIZENSHIP  
M [REDACTED] 510 275 Brown Black OK US  
SOCIAL SECURITY NUMBER(S): [REDACTED]

SOCIAL SECURITY NUMBER(S): [REDACTED]

PAGE PRINTS AVAILABLE PHOTO AVAILABLE

\*\*\*ENTRY 001\*\*\* NAME USED [REDACTED]

CONTRIBUTOR	CHARGE AT ARREST	DISPOSITION
DATE ARRESTED OR RECEIVED: 03/01/2006 ORI: [REDACTED] PD LAWTON, OK	DOMESTIC ABUSE MISDEMEANOR COMMENT: DOMESTIC ABUSE	REF TO MUN. PROSECUTOR 03/01/2006 GUILTY PLEA

There will be an entry for each charge and its associated information (disposition, etc.).

\*\*\*ENTRY 002\*\*\* NAME USED [REDACTED]

CONTRIBUTOR	CHARGE AT ARREST	DISPOSITION
DATE ARRESTED OR RECEIVED: 10/10/2007 ORI: [REDACTED] SC COMANCHE CO, LAWTON, OK	MISDEMEANOR VALUE-FALSE PRBT/BOGUS CHECK/CON QANG MISDEMEANOR	REFERRED TO D.A. 10/10/2007 COMANCHE CO [REDACTED] GUILTY PLEA MISDEMEANOR VALUE-FALSE PRBT/BOGUS CHECK/CON QANG

END OF PAGE 1, MORE TO FOLLOW



**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](mailto: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](mailto: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.**

