

# **Create a Castle Branch Account**

- Have your credit card ready! Payment is required to create an account.
- Select a package code:

PACKAGE CODE	COST	TYPE OF PACKAGE	NOTES
NF14	\$66.00	NURSING ASSISTANT PROGRAM ONLY Criminal/Caregiver Background Check (CBC) & Health Records (HR)	This combo package is for the Nursing Assistant (NA) program and includes the criminal/background check and health records.
NF14im	\$19.00	NURSING ASSISTANT - YOUTH STUDENTS (under 18) NOTE: Students who turn 18 prior to the start date of class will be required to complete a CBC.	This package for students under 18. It is for the health requirements for the Nursing Assistant program only. The CBC is not required for students under 18.

## Go to Website: www.castlebranch.com

1. Start by clicking on Place Order- upper right-hand corner, highlighted in yellow:

CastleBranch	ABOUT CASTLEBRANCH	INDUSTRIES	SOLUTIONS	COVID-19		PLACE ORDER	SIGN IN	CONTACT US
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- 2. Next enter your Package Code and click Submit:
  - NF14im (under 18) or NF14 (over age 18)- in the box highlighted in yellow, select Submit (To make edits, click GO BACK during this process).



Package Code Submit

School Administrators and Employers, log in to your Administrator Portal to view and manage your students and applicants and their orders.

If you do not know the package code, please contact Customer Service at (888) 723-4263 or customerservice@castlebranch.com

3. After entering your Package Code, review the package you have ordered. Check the box "I have read, understand, and agree to the Terms and Conditions of Use" and then click Continue.



#### Please review

Northeast Wisconsin Technical College - Nursing Assistant includes the following package contents:

### Package: NF14 DOJ DHFS Statewide Criminal WI Nationwide Healthcare Fraud And Abuse Scan

Residency History Medical Document Manager Annual CRR State Specific Search

Package Cost: \$60.00

#### Additional Information

The package price above includes a statewide search within the State of WI. If additional addresses are found associated with your name outside the State of WI, they will be performed at no additional charge.

After you complete your order, you must click the Next button to view your personal CastleBranch To Do list. Instructions for downloading, completing and uploading a completed Background Information Disclosure (BID) form are provided. Completion of the BID form is required to complete your background check submission. Failure to upload a completed BID may result in a delay in clinical or site placement.

This package includes document storage. At the end of the order process, you will be prompted to upload specific documents required by your school for immunization, medical or certification records.

Click the button below to continue your order and create your myCB account. You will access your account to manage your order and view your results. If you already have a myCB account, you will have the option to log in.

I have read, understand and agree to the Terms and Conditions of Use.



- 4. Place Order- Step 1: Enter your personal information- name, address, birthdate, social security number, NWTC Student ID, etc.
  - All fields with \* indicates required information.
  - Student ID Number refers to your NWTC Student ID.
  - Please skip questions: Designation, Degree/Certification & Expected Date of Graduation as they are not required.

## Place Order:



## PERSONAL INFORMATION

Legal First Name: <sup>*</sup> Legal Middle Name: <sup>*</sup>	No Middle Name           As the applicant / certify that / do not have a legal middle name.           Atternatively if am placing this order on behalf of the applicant. / certify to the best of thy knowledge, that the applicant does not have a legal middle name.
Legal Last Name:*	
Suffix:	$\checkmark$
Phone: *	
Alt Phone:	
Email Address: *	Important: The email address you provide will be used for important order communication. Please enter your valid email address and look for an immediate confirmation email <u>after</u>
Confirm Email: *	submiting your order. If you do not see your confirmation email please check your SPAM or Junk folder.
Country:*	United States of America 🗸
Address 1:*	
Address 2:	
City:*	
State:*	$\checkmark$
Zip Code:*	

### PERSONAL IDENTIFIERS

Social Security Number:*	placement -	If you are not a US oitizen and therefore do not have a Social Security Number, please enter 111-11-1111 to proceed with your order
Date of Birth: <sup>*</sup> Sex:	mm dd yyyy O Female O Male	

## STUDENT INFORMATION

Student ID Number:		
Designation:	O Undergraduate	O Graduate
Degree/Certification:		
Expected Date of Graduation:	× /	$\sim$

\* Indicates required information

Next

- 5. Place Order- Step 2: Enter your email/username. This should be an email you check frequently as all Castle Branch communications will be sent to this email address.
  - Be sure to write down and keep your username and password in a safe place.
  - This account is yours to keep indefinitely and can be used to access your immunization history and all other uploaded documentation as needed.
  - If you need assistance with your Username or Password, NWTC staff cannot assistyou will need to contact Castle Branch directly at 888-723-4263.

CB CastleBranch

# Place Order:



CastleBranch is committed to securely storing your information. As shown below, your myCB username is your email address. Please create a password. These credentials will be required to access your account in the future.

#### \*All of the form fields are required

#### Email Address:

This email address is your username.					
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\*Username: janna.allen@nwtc.edu

#### Password:

*Password:	••••••	Passwords are case-sensitive and must be at least 8 characters long.
*Confirm:		

Create Account

6. Place Order- Step 3: Enter any additional names and/or previous addresses or check the boxes indicating none.

Place Order	:					
	3	4			)(	Chat With Us     Go Back
ADDITIONAL NAMES	5					
Please list all additional names (e.g.	maidens, former married names, a mes	liases). Click on Add Another to	add an additional n	ame.		
First Name	Middle Name	Last Name		Suffix		
				Ŧ	Remove	Add Another
PREVIOUS ADDRESS Please list all previously used addres I do not have any additional ad	SES sses. Click on Add Another to add a dresses	n additional address.				
Country:	United S	tates of America	Ŧ			
Address 1: *						
City: *						
State: *		Ŧ				
Zip Code: *				Remove	Add Another	
* Indicates required information						Next

7. Place Order- Step 4: Confirm the information you have entered in Steps 1-3 is correct. This information will be used to run the below statewide and nationwide reports.

Place Ord	er:			
		4		Chat With Us
DOJ DHFS STAT	EWIDE CRIMINAL V	VI		
Name *	State *	Ŧ		
NATIONWIDE HE	ALTHCARE FRAUD	AND ABUSE		
Name * Janna Allen 🔻	Professional License Numbe	ir		
RESIDENCY HIST	TORY			
Name * Janna Allen 🐨				
MEDICAL DOCUM	MENT MANAGER A	NNUAL CRR		
Name * Janna Allen 🔻				
STATE SPECIFIC	SEARCH			
Name * Janna Allen 🔻				
* Indicates required informa	tion			Next

8. Place Order- Step 5: Order Review/List of what order includes.

**Place Order:** 

				5	Chat With Us
ORDER REVI	EW				
School Name: CAC:	Northeast Wisconsin NF14	n Technical College - Nu	rsing Assistant		
Personal Information					
Your Name: DOB: SSN:	Janna Allen 08-14-2000 111-11-1111				
ORDER INCL	UDES				
NF14demo					
DOJ DHFS Statewide Ø Name	e Criminal WI e: Janna Allen State	wi			
Nationwide Healthcar Ø Nam	e Fraud And Abuse Scar e: Janna Allen	i			
Residency History Ø Name	e: Janna Allen				
Medical Document M: Ø Name	anager Annual CRR e: Janna Allen				
State Specific Search Ø Nam	e: Janna Allen				
Total Price: \$0.00					
* Indicates required	information				Next

- 9. DISCLAIMER = Wisconsin Caregiver Law
  - NWTC is required to comply with the Wisconsin Caregiver Law (1997 WISCONSIN ACT 27). The completion of a caregiver background check includes the review of criminal records for convictions of serious crimes or a history of improper behavior. Students accepted into this program must complete a background check through www.castlebranch.com AND complete a Background Information Disclosure (BID) form disclosing any acts, crimes, or convictions prior to program entry. The information provided in the BID form must be truthful and match any findings on the criminal record check. Information regarding this process is provided to students immediately upon acceptance into the program. Students with a criminal history may be denied access to placement at the discretion of the clinical or practicum site. Consequently, should a student have a history of convictions of serious crimes or a history of improper behaviors, NWTC cannot guarantee clinical/practicum placement or guarantee graduation within typical program timing.
- 10. Place Order- Step 6: Enter Payment Information. Choose Payment Type from dropdown box and proceed through payment fields.

CB CastleBranch				Contact Us Logout			
Place Ord	ler:						
				6			
PAYMENT INFO	RMATION			EAS	Y PAYMEI	NTS! vailable	
Payment Type:*	Choose Payment Option 🔻						

11. Place Order- Step 7: This is your chance to print your confirmation page, please do so now if needed.



- 12. Once you click Next, you will move into your User Profile and set up Security Questions.
  - At this screen you may click either Close or Dismiss to move on. You have reached your User Profile where you can again verify the information you have entered.

king here		
	Announcement X	
2		
user pro	New and exciting changes to your log in experience	
	Welcome to your new Unified Dashboard! From this page you can access all of your CastleBranch sites and services with a single login and manage your contact information within your new Dashboard Profile.	
.ME*	If you don't automatically see all of your accounts within your dashboard, you may currently be using multiple usernames and passwords to access those accounts. <u>Click here</u> to learn how to link your accounts, giving you a single set of login credentials, and access to all accounts within a single dashboard!	
	Before accessing or linking your accounts, you will be required to complete your profile.	
NAME	Great News! We've already populated some information for you based on information you've previously provided to us. Having a complete profile will help us to ensure we have the correct information about you!	
	Still have questions? View this introductory video and our FAQs !	ne
ME*		
	Close <b>Dismiss</b>	
NAME		

13. Please set up the 3 required Security Questions. Click Complete to submit your Security Question answers.

<b>v</b>	
e your security questions:	
QUESTION ONE	
What is your favorite thing to eat?	$\sim$
ANSWER	
ice cream	
QUESTION TWO	
What was the name of the company for your first job?	$\sim$
ANSWER	
NWTC	
QUESTION THREE	
What is your favorite holiday?	~
ANSWER	
Thanksgiving	

14. Click Go to access your program To-Do List.

HOME Welcome back Janr	ha Allen, where do you want to go?	MyCB Launch myCB, your CB Bridges " higher education and employment needs. View and manage to-do list needs. View and manage to-do list urg screens and more.	
	Infectious Disease Screening Solutions	MY HEALTH. MY FUTURE. MY SUCCESS. COVID-19 tried to stand in my way. It never had a chance.	

15. Your account has been created, you've reached your To-Do list and can now upload documentation or log out.

Janna Allen view profile	CastleBranch will be implementing scheduled site maintenance on Saturday. April 25, from 8:00 a.m. b noon, and the scheduled site maintenance of the standay april 25, from 8:00 a.m. b noon, account access or order placement during this time. Thank you for your patience.	A CastleBranch Solution.
COVID-19 Compliand	CE I'M SYMPTOM FREE OF COVID-19 — And I can prove it. —	LEARN MORE
o you have new documents to submit to a formed. Please allow approximately 2 but	5 days to review (exceeding weekends), in your have questions regurding your ro-bo case, we invite you to acc a completed requirement or a general request? We can Help! Click HERE to submit a request. We will keep y alreast days for a response.	our Service History updated so you can stay
xciting news! CastleBranch now offers as:	sistance videos to better assist you with navigating your myCB account! Click (here) to access the new video	st
MESSAGES (0)	To-Do Lists	
TO-DO LISTS	Click the blue plus signs below to expand your requirements.	
DOCUMENT CENTER *	Clinical Requirements NF14 (annual)* Updated 3 Requirements	
RESOURCE CENTER	Need help completing your requirements?/CLICK HERE for a full list of Video lutorials that can assist Still have questions? CLICK HERE to submit a support request inquiry too our User Experience team. Service History Support Inquiries within the Need Help? menu, or simply CLICK HERE	you in completing the requirements in the list below! You can follow-up on your request by selecting View
	Requirement	Date Due STATUS
	1. Hepatitis B	Incomplete
	2. Tuberculosis (TB)	Incomplete
	③ 3. Technical Standards	Incomplete
	Wisconsin BID Form (CB Review) 1Requirement Please download the Wisconsin BID Form and complete in it's entirety.	
	Upload the completed form to this requirement for CastleBranch to review.	
	Upload the completed form to this requirement for CastleBranch to review. Requirement    1. Complete BID Form	Date Due STATUS
	Upload the completed form to this requirement for CastleBranch to review. Requirement  1. Complete BID Form  Reak/required Check	Date Due STATUS
	Upload the completed form to this requirement for CastleBranch to review.  Requirement  1. Complete BID Form  Background Check You have successfully submitted your order.	Date Due STATUS

16. You will receive e-Emails during the account creation process- be sure to confirm your email address!



\*\* Castle Branch can be reached by phone at 888-723-4263.