



HOW TO COMPLETE YOUR PROTECTION OF MINORS ON CAMPUS ONLINE BACKGROUND CHECK SUBMISSION

Fayetteville State University Protection of Minors on Campus Background Check

Please follow the guide below. If you are still in need of assistance, please contact the FSU Protection of Minors on Campus Office at (910) 672-1043 email your inquiry to equity@uncfsu.edu

TABLE OF CONTENTS:

- I. WELCOME EMAIL & CASTLEBRANCH "START PROCESS" EMAIL CORRESPONDENCE*
- II. START PROCESS: THE CASTLEBRANCH WEBSITE*
- III. PERSONAL INFORMATION AND IDENTIFIERS*
- IV. CREATING YOUR SECURE ACCOUNT*
- V. ADDITIONAL NAMES AND ADDRESSES*
- VI. BACKGROUND CHECK COMPONENTS AND DEPARTMENT OF MOTOR VEHICLE INFORMATION (IF APPLICABLE)*
- VII. DISCLOSING CRIMINAL HISTORY*
- VIII. EDUCATION HISTORY (IF APPLICABLE)*
- IX. PROFESSIONAL LICENSE (IF APPLICABLE)*
- X. ORDER REVIEW*
- XI. ORDER CONFIRMATION & NEXT STEPS*
- XII. TO-DO LIST: DISCLOSURE & AUTHORIZATION RELEASE (E-SIGNATURE PROCESS)*
- XIII. TO-DO LIST: COUNTY OF RESIDENCE*
- XIV. CONFIRMATION EMAIL AND NEXT STEPS*
- XV. RESULTS NOTIFICATION EMAIL*
- XVI. VIEWING RESULTS ON THE CASTLEBRANCH WEBSITE*

Protection of Minors on Campus

Protection of Minors on Campus strives to create a welcoming and safe environment for all minors visiting Fayetteville State University property or participating in University programs. Protection of Minors on Campus reinforce this expectation by establishing standards, requirements and procedures that specifically focus on protecting the safety of individuals less than 18 years of age. Minors must be reasonably and appropriately supervised by Authorized Adults at all times.

The purpose of the Protection of Minors on Campus policy is to establish standards and procedures which provide appropriate protection and supervision of minors participating in Fayetteville State University-sponsored activities and programs operated by third parties who use Fayetteville State University property and facilities.

Background Check for Protection of Minors on Campus Volunteers and Contractors

Fayetteville State University policy requires a volunteer to be subject to a criminal background check if the volunteer's service to the University will involve working with minors or having direct contact. The background check authorization request will be processed immediately upon completion of the PMOC Exam. Please allow at least two weeks for completion of the background check. Certificate of Completion to the Applicant and Program Manager upon successful completion of the Exam and Background Check clearance. No adult may work with minors until they receive the certificate indicating they have fulfilled all PMOC requirements.

Risk and Compliance
Protection of Minors on Campus Office
Collins Building Room 201
910.672.1043
Equity@uncfsu.edu

I. Welcome Email & CastleBranch "Start process" email correspondence

Please read your **PROTECTION OF MINORS EXAM RESULTS & CRIMINAL BACKGROUND CHECK AUTHORIZATION** email in its entirety before attempting to begin the online background check submission.

The email contains important information including:

- An introduction to the University's background check service provider, CastleBranch
- Your package code for you account
- CastleBranch PIN
- Instructions for completing the online background check form

Following , is an example of the email you will receive.

Greetings,

According to our records, you have recently applied to work with a camp at Fayetteville State University which may involve supervision of minors. You have **successfully passed** the **PMOC EXAM** with a score of **100**. To continue the process, FSU requires that you complete an online background check from CastleBranch is an investigative screening agency that conducts a variety of consumer reports, including background checks. To complete your background check, follow these 4 steps.

- Please click on the link https://www.castlebranch.com/online_submission/package_code.php
- Enter the following package code for your account: AA96basic
- You will also be asked to provide the following pin: PMOCFSU
- You will be prompted to create your username and password at the end of the ordering process. This will allow you to log-in and sign a DISCLOSURE AND AUTHORIZATION FORM.
 - Please note if you do not sign the DISCLOSURE AND AUTHORIZATION form, Castle Branch will cancel your background check. (If you have any questions about this process, please do not hesitate to reach out.

After your background check is complete, you will receive a Protection of Minors Certificate. If you have any questions/concerns, please don't hesitate to contact me directly. The Protection of Minors on Campus office is open Monday through Friday 8:00 am – 5:00 pm.

Protection of Minors on Campus. Training for Protection of Minors on Campus (PMOC) at Fayetteville State University is a 3-part process and is mandatory for all individuals 18 years of age or older who will be working in any capacity with minors.

Protection of Minors on Campus. Training for Protection of Minors on Campus (PMOC) at Fayetteville State University is a 3-part process and is mandatory for all individuals 18 years of age or older who will be working in any capacity with minors.

www.uncfsu.edu

II. Start Process: The CastleBranch Website

CastleBranch Portal Home Page:

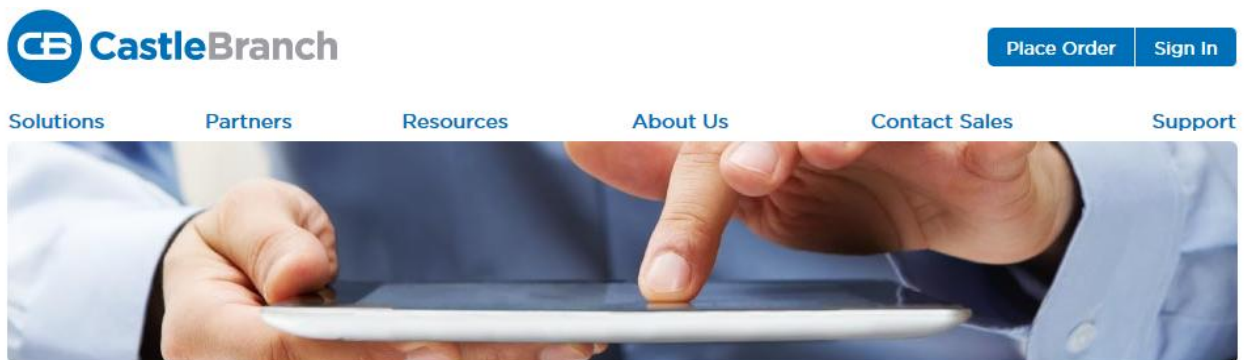
Please read the **"Please review"** the package selection, as it contains the following:

- A list of the specific background check components that will be included in your background check
- A link to the CastleBranch Terms and Conditions of Use

Click the box to confirm you have read, understand, and agree to the Terms and Conditions

***You must click the box before moving to the next screen**

Click **"Continue Order"** to go to the next screen



Please review

UNC Chapel Hill - Human Resources - Online includes the following package contents:

Package: EMPLOYEE + DMV, DEGREE & LICENSE

Statewide Criminal NC

Statewide Motor Vehicle

Nationwide Federal Criminal

Nationwide OIG Medicare Fraud

Nationwide Federal Debarment

Nationwide Record Indicator with SOI

Social Security Alert

Residency History

Verification Education

Verification Professional License

Document Manager

Additional Information

Any charges associated with the completion of this background check request will be paid by UNC Chapel Hill - Human Resources - Online.

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](#).

Continue

Must Check before
moving to next
screen

Click to move to next screen

III. Personal Information and Identifiers

Type your information into the required fields provided in the "Personal Information" and "Personal Identifiers" sections

Fields containing a "*" are required. You will not be able to go to the next screen without completing them

FOR INTERNATIONAL CANDIDATES:

ADDRESS: Although you may select a different country from the pull-down menu, you will still be required to select from the "state" pull-down menu. Please select NC

Enter only five (5) digits in the zip code field without letters or special characters (example: 55859)

TELEPHONE NUMBERS: Enter only ten (10) digits without special characters (example: 9195557733)

SOCIAL SECURITY NUMBER: If you do not yet have a social security number, enter all zeros (000-00-0000) into the SSN field

*You will have an opportunity to enter the correct address and phone number format later in the process



[Contact Us](#) [Logout](#)

Place Order:

[Chat With Us](#)



PERSONAL INFORMATION

First Name: *	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name: *	<input type="text"/>
Suffix:	<input type="text"/>
Phone: *	<input type="text"/>
Alt Phone:	<input type="text"/>
Email Address: *	<input type="text"/>
Confirm Email: *	<input type="text"/>
Country: *	<input type="text" value="United States of America"/>
Address 1: *	<input type="text"/>
Address 2:	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text"/>
Zip Code: *	<input type="text"/>

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 after submitting your order. If you do not see your confirmation email please check your SPAM or Junk folder.

PERSONAL IDENTIFIERS

Social Security Number: *	<input type="text"/> - <input type="text"/> - <input type="text"/>
Date of Birth: *	<input type="text"/> / <input type="text"/> / <input type="text"/>
Sex:	<input type="radio"/> Female <input type="radio"/> Male

If you are not a US citizen and therefore do not have a Social Security Number, please enter 111-11-1111 to proceed with your order placement

IV. Creating your Secure Account:

This screen allows you to create and confirm a password to secure your submission

Your email address will automatically populate from the Personal Information and Personal Identifiers screen

Be sure to create a password that is secure, but memorable. You will use this password to access your account and view your results once your background check is complete

*If you have completed a previous background check using this portal, you will be given a message asking you to enter the password you previously created. Click "forgot my password" if you cannot remember your previously created password



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.

Email Address:

This email address is your username.

Username:

Password:

Password:

Passwords are case-sensitive and must be at least 8 characters long.

Confirm:

Create Account

V. Additional Names and Addresses:

- Enter all previous names that you have used (maiden, married, hyphenated, etc.) in the past
- If you do not have any previously used names, click the "I do not have any additional names" box
- Enter all previous US addresses of residence **back to age 18**
- If you do not have any additional addresses, click the "I do not have any additional addresses" box
- This screen can accommodate unlimited name and address entries. Click "Add another" to enter additional names or addresses



[Contact Us](#) [Logout](#)

Place Order:

[Chat With Us](#)

Progress bar showing steps 1 through 9. Step 3 is currently active. A "Go Back" button is visible below the progress bar.

ADDITIONAL NAMES

Please list all additional names (e.g. maidens, former married names, aliases). Click on Add Another to add an additional name.

☐ I do not have any additional names

First Name	Middle Name	Last Name	Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove Add Another

PREVIOUS ADDRESSES

Please list all previously used addresses. Click on Add Another to add an additional address.

☐ I do not have any additional addresses

Country:	<input type="text" value="United States of America"/>
Address 1: *	<input type="text"/>
Address 2:	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text"/>
Zip Code: *	<input type="text"/>

[Remove](#) [Add Another](#)

* Indicates required information

[Next](#)


Click "Add Another" to enter multiple names and addresses

VI. Background Check Components and Department of Motor Vehicle Information (if applicable)


This screen also lists the other components of your main background check and the name(s) under which each search will take place. Your name will auto-populate in these fields

If a driving check is required for your background check, you will be asked to provide your driver's license number and issuing state on this screen

Review this screen to ensure that your name is correct and any Department of Motor Vehicle license information is correct

[Contact Us](#) [Logout](#)

Place Order:



[Chat With Us](#)

[Go Back](#)

STATEWIDE CRIMINAL NC

Name *

R.C.

State *

North Carolina

STATEWIDE MOTOR VEHICLE

Name *

R.C.

Driver License State *

North Carolina

Driver License Number *

Enter Drivers License Information Here

NATIONWIDE FEDERAL CRIMINAL

Name *

R.C.

NATIONWIDE OIG MEDICARE FRAUD

Name *

VII. Disclosing Criminal History:

Scroll to the bottom of the screen to the "**Previous Records**" section (the last item on the screen)

You are asked to respond as to whether you have any "Adult Criminal History" to disclose.

Please select "No" if you have never had a conviction (driving, criminal, or otherwise) since age 18.

Select "Yes" if you have ever been convicted of an unlawful offense

Selecting "Yes" will open additional fields where you will enter the details of your conviction(s)

***You will not be permitted to go to the next screen without making a selection**

SOCIAL SECURITY ALERT

Name *

RESIDENCY HISTORY

Name *

DOCUMENT MANAGER

Name *

PREVIOUS RECORDS

Have you had any prior adult criminal history? *

**You must either select Yes or No
before moving to the next screen**

* Indicates required information

Next

VII. Disclosing Criminal History (Continued):

Enter the conviction information in the fields provided

***Please include all convictions, even if you think the incident was minor.**

Convictions include guilty pleas, guilty verdicts, prayers for judgement (PJC) and non-contested charges for any unlawful offense including driving infractions (i.e. speeding tickets, DUI, etc.)

***State law allows you to exclude any arrest, charge or conviction that has been expunged.**

RESIDENCY HISTORY

Name *

R C

DOCUMENT MANAGER

Name *

R C

PREVIOUS RECORDS

Have you had any prior adult criminal history? Yes

State *

County *

Offense *

Did this offense occur within the past 7 years? *

☐ Yes ☐ No

Year of Offense

yyyy

Level of Offense

[Add Another](#)

* Indicates required information

Next

Enter all
conviction
information
here

VIII. Education History (if applicable):

Enter your highest post-secondary degree earned information in the fields provided.

*If you do not have a degree or have an International (Non-US) degree, do not complete these fields; **STOP** and contact your department representative immediately

*Do not enter High School information on this screen



[Contact Us](#) [Logout](#)

Place Order:

[Chat With Us](#)



[Go Back](#)

EDUCATION HISTORY

Please enter the highest level of education **completed**

School or Institution Name: *	<input type="text"/>
Country: *	<input type="text" value="United States of America"/>
City: *	<input type="text"/>
State: *	<input type="text"/>
Phone Number:	<input type="text"/>
Type: *	<input type="text"/>
Degree:	<input type="text"/>
Graduation Date:	<input type="text"/> / <input type="text"/>
Name during attendance:*	<input type="text" value="R.C."/>

* Indicates required information

[Next](#)

IX. Professional Licensure (if applicable):

Enter your professional license information in the fields provided

Examples include medical or nursing licenses, LPC or LCSW, or other professional certifications

*If you do not have a professional license, do not complete these fields.

***STOP** and contact your department representative immediately



[Contact Us](#) [Logout](#)

Place Order:

[Chat With Us](#)



[Go Back](#)

PROFESSIONAL LICENSE

License Type: *	<input type="text"/>
License Number: *	<input type="text"/>
State of Issuance: *	<input type="text"/>
Date Issued: *	<input type="text"/>
Expiration Date: *	<input type="text"/>

* Indicates required information

[Next](#)

X. Order Review

Review the information that you have entered so far

Click the "Go Back" button to return to previous screens and make edits/corrections

To go to a particular screen or section, click the pencil icon  beside the section and make the necessary edits

***Be sure to confirm that your name, date of birth and social security number are entered correctly**



[Contact Us](#) [Logout](#)

Place Order:

 [Chat With Us](#)



[Go Back](#)

ORDER REVIEW

Company Name: Fayetteville State University

CAC: UH65

Personal Information:

Your Name: R C


DOB: 01-01-2001

SSN: 000-00-0000


ORDER INCLUDES

EMPLOYEE + DMV, DEGREE & LICENSE


Statewide Criminal NC

 **Name:** R C **State:** NC


Statewide Motor Vehicle

 **Name:** R C **State:** NC **D/L #:** 02145782


Nationwide Federal Criminal

 **Name:** R C

Nationwide OIG Medicare Fraud

 **Name:** R C

Nationwide Federal Debarment

 **Name:** R C

Nationwide Record Indicator with SOI

X. Order Review (Continued)

Click “**Submit**” once you have reviewed your information for accuracy.

Nationwide OIG Medicare Fraud



Name: R C

Nationwide Federal Debarment



Name: R C

Nationwide Record Indicator with SOI



Name: R C

Social Security Alert



Name: R C

Residency History



Name: R C

Verification Education



Name: R C

School/Institution:

Verification Professional License



Name: R C

License Number: 123456

License Type: Test

Issuance State: NC

Document Manager



Name: R C

SUBMIT

XI. Order Confirmation & Next Steps:

You will receive confirmation that you have entered the information necessary to begin your background check.

This is NOT the end of the process!

Please read the “**Next Steps**” section and click “**Next**” to follow the steps to sign your Disclosure and Authorization Release and answer a required supplemental question

***Do not skip the next steps. Your background check will be canceled if the next steps are not completed.**



[Contact Us](#) [Logout](#)

Place Order:



ORDER CONFIRMATION

Thank you.

Your order has been submitted.

[Print Confirmation Page](#)

Next Steps:

1. Click "Next" below to access your myCB account to determine if you have additional items to complete.
2. You will receive an email with your order confirmation attached.
3. Your order confirmation can also be accessed through your myCB Document Center.
4. Log in to your myCB account by going to castlebranch.com and entering your username (the email address used during order placement) and your secure password OR download the myCB app to your smartphone. From within your account you can take action on any pending requirements and view final results.
5. Explore myCB for the other value-add features and benefits provided to you by myCB.
6. For assistance, access the Need Help? menu within your account or [support](#).

Next

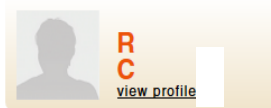
XII. Disclosure and Authorization Release (E-Signature Process):

The Disclosure and Authorization Release (e-signature) section is used to give CastleBranch permission to conduct a background check search.

Click the blue “[Disclosure and Authorization Release](#)” link to begin the electronic signature process

*The “[Download Form](#)” link is the paper version of the Disclosure and Authorization Release which cannot be signed electronically. Only use this link if you intend to print, hand-sign and fax the release

****Please note the date listed at the bottom of the Background Check section- if you don't complete these forms by this date, your background check order will be cancelled.**



A CastleBranch Solution.

Need Help?

Submitted documentation typically takes up to 48 hours to review (excluding weekends). Once reviewed, your documentation will be marked "COMPLETE" or "REJECTED". If your documentation is rejected, you can view the reason by selecting the rejected requirement, and reviewing the paragraph directly below the requirement name. If you have questions regarding a specific requirement(s) we invite you to contact our User Support Team at 888-666-7788, Option 1.

There are important changes to the Pennsylvania Fingerprinting process that you should know about. Please click [HERE](#) for additional information.

MESSAGES (0)

TO-DO LISTS

DOCUMENT CENTER

RESOURCE CENTER

To-Do Lists

Click the blue plus signs below to expand your requirements.

Background Check

1 Alert

Your background check cannot be processed until we have received the required form(s) below:

Disclosure and Authorization Release

Due Date: 08/14/2018

Incomplete

To complete and electronically sign, click [Disclosure and Authorization Release](#).

myCB

07/31/2018 10:51:41 AM EDT

OR

Print your instructions and "Disclosure and Authorization Release" form.

[Download Form](#)

Your Background Check may be cancelled if your completed form is not returned by 08/14/2018.

myCB

07/31/2018 10:51:40 AM EDT

*Click this link to begin the electronic signature process

**Expiration Date

XII. Disclosure and Authorization Release (E-Signature process) continued:

Fill in each field in the Release Information section

Click **"Continue with Esigning"** button to continue

**Although some of the information required on this page was provided earlier in the process, the disclosure is considered a separate document and does not access information from your Personal Information page.*

—Release Information—

First Name	<input type="text" value="Test"/>
Middle Name	<input type="text"/>
Last Name	<input type="text" value="Test"/>
Other Names (Maiden or Aliases)	<input type="text"/>
Date of Birth	<input type="text" value="2001-01-01"/>
SSN	<input type="text" value="000-00-0000"/>
Drivers License Number	<input type="text"/>
Drivers License State	<input type="text"/>
Phone Number	<input type="text" value=""/>
Email	<input type="text"/>
Address	<input type="text" value="123 Home Lane"/>
City	<input type="text" value="Fayetteville"/>
State	<input type="text" value="NC"/>
Zip	<input type="text" value="28301"/>
County	<input type="text"/>

Minnesota and Oklahoma applicants or employees only: ☐
Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: ☐
Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Click here to continue

Go Back

Continue with Esigning

XII. Disclosure and Authorization Release (E-Signature process) continued:

Disclosure and Authorization Release (E-Signature) continued:

The information entered on the “**Release Information**” page will automatically populate to a pdf version of the Disclosure and Authorization Release form.

The page will automatically scroll to the Applicant Signature section

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature

Date _____

For Employer Use Only: Please mark (✓) the searches to be conducted.

Contact _____ Email _____
Phone _____ Fax _____



XII. Disclosure and Authorization Release (E-Signature process) continued:

Once you have provided your electronic signature, scroll to the bottom of the screen and click on **"Submit Signature(s)"**.

***Your Disclosure and Release Authorization will be considered incomplete if you do not click "Submit Signature(s)", even if you can see your signature on the form**

	Washington, DC 20580
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Submit Signature(s)

XIII. To-Do List: County of Residence:

Demographics Document Manager:

When the e-signature is complete, you will be returned to the CastleBranch To-Do List

The **Disclosure and Authorization Release** section will show "Complete"

Click the "+" sign beside the Demographics Document Manager section

The section will expand and you will be required to enter your county of residence

Type your county of residence into the space provided

Submitted documentation typically takes up to 48 hours to review (excluding weekends). Once reviewed, your documentation will be marked "COMPLETE" or "REJECTED". If your documentation is rejected, you can view the reason by selecting the rejected requirement, and reviewing the paragraph directly below the requirement name. If you have questions regarding a specific requirement(s) we invite you to contact our User Support Team at 888-666-7788, Option 1.

There are important changes to the Pennsylvania Fingerprinting process that you should know about. Please click [HERE](#) for additional information.

MESSAGES (0)

TO-DO LISTS

DOCUMENT CENTER

RESOURCE CENTER

To-Do Lists

Click the blue plus signs below to expand your requirements.

Background Check

Your background check cannot be processed until we have received the required form(s) below:

Disclosure and Authorization Release **Complete**

Demographics Document Manager UH65 **COMPLETE**

The next step in the consideration process is to answer the following question under the To-Do List. Once this question is complete, log out or exit your browser.

Click the blue plus signs to expand your requirements.

Service Desk Specialists are available to assist you with all aspects of your To Do Lists. Our hours are Monday-Friday 8am-8pm EDT and on Sundays 10am-6:30pm EDT. Reach us by chat from within your account, by phone at (888) 914-7279 or by submitting an inquiry.

XIII. To-Do List: County of Residence:

Demographics Document Manager:

Current County of Residence:




Click the “+” sign beside the Demographics Document Manager section

The section will expand and you will be required to enter your county of residence

Type your county of residence into the space provided

Click the “Submit” button

*Please put N/A if you listed a foreign address

Requirement	Date Due	STATUS
 1. Current County of Residence		 Incomplete
<p>What is your current county of residence? myCB 07/31/2018 10:50:50 AM EDT</p> <p>Enter your answer into the text box below.</p>		
Response	<div><input type="text"/> Type your county of residence in this box <input type="text"/></div> <div></div>	

Click here to submit

XIV. Confirmation Email and Next Steps:

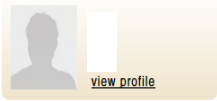
Certified Profile To-Do List:



Both the Background Check section and the Demographics Document Manager section will read **"Complete"**

You have now completed all required portions of the online background check process and can logout

[Click to logout](#)

[Place Order](#) [Account Setting](#) [Logout](#)



[view profile](#)


 A  CastleBranch Solution.


[Need Help?](#)


Submitted documentation typically takes up to 48 hours to review (excluding weekends). Once reviewed, your documentation will be marked "COMPLETE" or "REJECTED". If your documentation is rejected, you can view the reason by selecting the rejected requirement, and reviewing the paragraph directly below the requirement name. If you have questions regarding a specific requirement(s) we invite you to contact our User Support Team at 888-666-7788, Option 1.

There are important changes to the Pennsylvania Fingerprinting process that you should know about. Please click [HERE](#) for additional information.

 MESSAGES (0)

 TO-DO LISTS

 DOCUMENT CENTER ▾

 RESOURCE CENTER

To-Do Lists

Click the blue plus signs below to expand your requirements.

⊖

Background Check
Your background check cannot be processed until we have received the required form(s) below:

⊕

 Disclosure and Authorization Release

✓ Complete

⊕

Demographics Document Manager UH65

COMPLETE

The next step in the consideration process is to answer the following question under the To-Do List. Once this question is complete, log out or exit your browser.

Click the blue plus signs to expand your requirements.

Service Desk Specialists are available to assist you with all aspects of your To Do Lists. Our hours are Monday-Friday 8am-8pm EDT and on Sundays 10am-6:30pm EDT. Reach us by chat from within your account, by phone at (888) 914-7279 or by submitting an inquiry.

XIV. Confirmation Email and Next Steps:

Email Confirmation:

Once you have completed the background check, you will receive an email confirmation delivered to the email address that you provided during your online submission

You will receive an additional email when your background check is complete and your results are available to view online.



Service Desk <servicedesk.cu@castlebranch.com>

myCB - Order Confirmation



You have successfully submitted your order for UNC Chapel Hill - Human Resources - Online.

Please go to castlebranch.com to log into your account by entering your username (the email address used during order placement) and your secure password OR download the myCB app to your smartphone.

[iPhone App](#)

From within your account you can complete any pending requirements, view order status, and access your final results.

[Summary of Your Rights Under the Fair Credit Reporting Act](#)

For assistance, use the [Need Help?](#) menu within your account.

Thank you,

Your Service Desk Team

XV. Results Notification Email:

You will receive an additional email when your background check is complete and your results are available to view online. The email will instruct you to log in to your account regarding your order.

From: "Do Not Reply" <no-reply@castlebranch.com>

To:

Sent:

Subject: Message from CastleBranch



Please sign in to your account to view an important message regarding your order.

CastleBranch Service Desk

© 2017 Castle Branch Inc. All rights reserved.

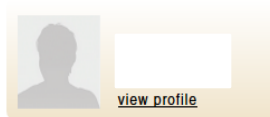
[Sign In](#)

You must log in to your
account to review your results

XVI: Viewing Results on the CastleBranch website:

Once you log in to your account, under the To-Do Lists, Background Check section, you will see a button to the right of the screen that says "View Results". Click this button to open a PDF version of your background check results.

Please Note: Completed results do not serve as an certificate of completion. You must wait to be contacted by Protection of Minors on Campus Office.

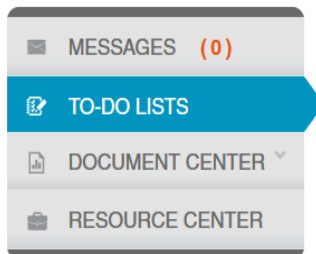


A  CastleBranch Solution.

[Need Help?](#)

Submitted documentation typically takes up to 48 hours to review (excluding weekends). Once reviewed, your documentation will be marked "COMPLETE" or "REJECTED". If your documentation is rejected, you can view the reason by selecting the rejected requirement, and reviewing the paragraph directly below the requirement name. If you have questions regarding a specific requirement(s) we invite you to contact our User Support Team at 888-666-7788, Option 1.

There are important changes to the Pennsylvania Fingerprinting process that you should know about. Please click [HERE](#) for additional information.



To-Do Lists

Click the blue plus signs below to expand your requirements.

Click "View Results"

Background Check

You have successfully submitted your order.

Your order confirmation page is now available within the Document Center/My Documents/Background Check folder.

Completed results will be displayed within this To-do List summary section.

[VIEW RESULTS](#)



Demographics Document Manager UM07

[COMPLETE](#)

The next step in the consideration process is to answer the following question under the To-Do List. Once this question is complete, log out or exit your browser.

Click the blue plus signs to expand your requirements.

Service Desk Specialists are available to assist you with all aspects of your To Do Lists. Our hours are Monday-Friday 8am-8pm EDT and on Sundays 10am-6:30pm EDT. Reach us by chat from within your account, by phone at (888) 914-7279 or by submitting an inquiry.