

Thomas Jefferson University College of Nursing

Graduate Nursing Students Guide for using your Complio Account Part I: Placing your order in Complio

Pre-Step A

Navigate to jeffersonnursingcheck.com and click **New Users**

Welcome to Thomas Jefferson University's Complio Website


Complio is American DataBank's comprehensive tool for student screening, immunizations and compliance. The Complio Screening process is simple and straightforward with just five basic steps to complete. The process should take less than 20 minutes.

EXISTING USERS
Login To Your Account

NEW USERS
Create Your Account

Pre-Step B

Fill out all required information and click **Create an Account and Proceed**.



Create an account

Please fill the form below to create an account. The items with * are required.

Personal Information

First Name: * Middle Name: * Last Name: *

I don't have a Middle Name.

Do you have an SSN?: * Yes No Social Security Number: *

I have an Alias or Maiden name

Gender: * Date of Birth: *

Contact Information

Primary Email: * Confirm Primary Email: *

Secondary Email: Confirm Secondary Email:

Address 1: * Address 2:

Country: * State: * City: *

Zip Code: * County: *

Primary Phone: * Secondary Phone:

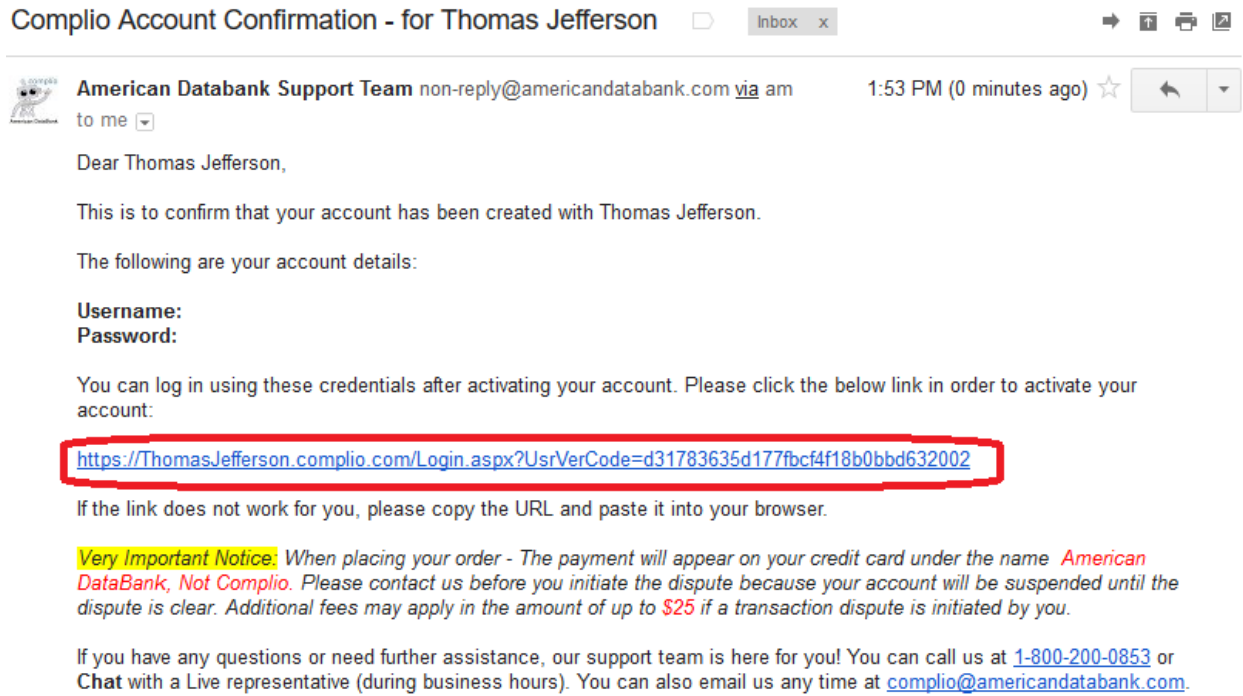
Account Information

Username: *

Password: * Confirm Password: *

Pre-Step C

Log in to your email account and find the account creation confirmation email. Click the link in the email to activate your account.



Pre-Step D

Observe the pop up box stating that your account has successfully been activated.

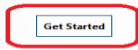
Log in to Complio and click **Sign in**



Pre-Step E Click **Get Started**

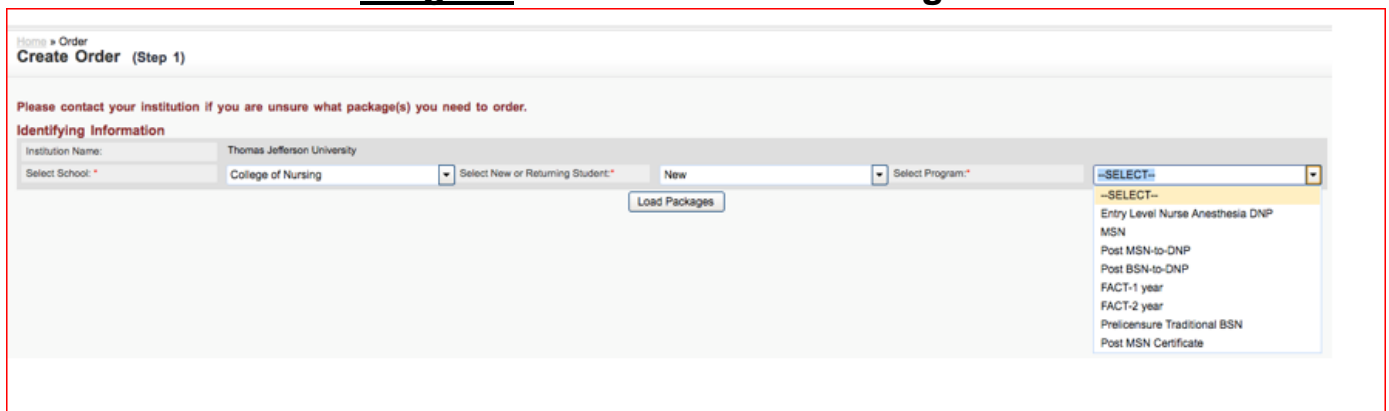
Welcome!

Welcome to the COMPLIO community. Your account is now setup, and you are ready to place your order!
Once you login, your COMPLIO account will walk you through the process required for you to be COMPLIANT. Help is always available – just call us at (800) 200-0853.



Step 1

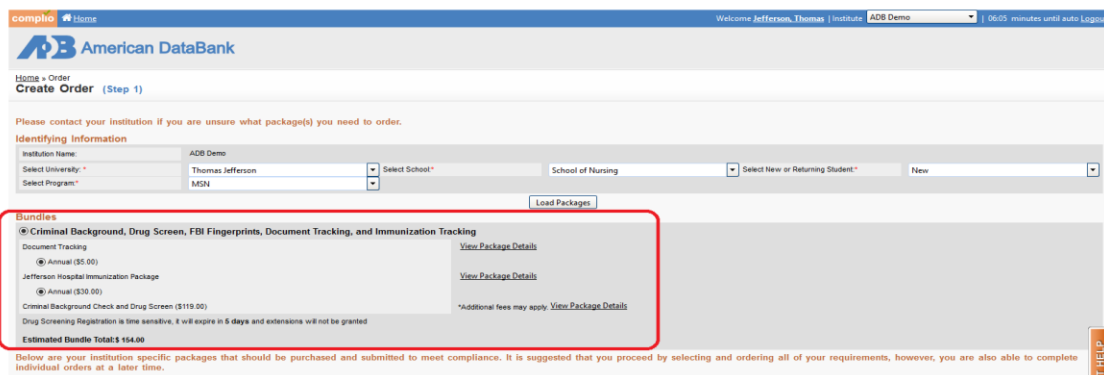
Select **College of Nursing** then **New** Student Status, and your **Specific Program**. Then click **Load Packages**.



Step 1-A /Selecting you Bundle

Package #2 (\$136): Jefferson Employees (Center City & Methodist only) who will stay employed during their enrollment.

Package #1 (\$166): All other students, including all Nurse Anesthesia students.



Step 2

Input your personal details. Under Other Details, enter your Jefferson Campus Key if known. Click **Next**.

Home » Order
Create Order (Step 2 Of 10)

Personal Information

Personal Information Instructions: **IMPORTANT DRUG SCREENING INFORMATION FOR THOMAS JEFFERSON STUDENTS:**
Drug screening registration is time sensitive, it will expire in FIFTEEN DAYS and extensions will not be granted. You MUST complete your drug screening within FIFTEEN DAYS.

First Name:* Middle Name:* Last Name:*
 I don't have a Middle Name.

Do you have an SSN?:* Yes No Social Security Number:*
 I have an Alias or Maiden name

Gender:* Date of Birth:*
 Phone:* Secondary Phone:
 Email: Secondary Email: Confirm Secondary Email:

You can edit your email address by clicking Edit Profile on your dashboard.

Address 1:* Address 2:
 Country:* State:* City:*
 Zip Code:* County:*

Send Background Report:* Yes, please send me a copy by e-mail.

Text Message Notifications
 Receive Text Notification: Yes No Cellular Phone Number:*

Save personal information changes to account profile.

GET HELP

Step 3

Select a Drug Screening site and click **Next**

Electronic Drug Screening Registration - Select a Drug Screening Location

Choose a Test Site

Panel Name: 10-Panel + Exp Opi
 Zip Code: 80942 Distance: 35 Find Sites

Map Satellite

In Network Sites	Address	Distance	Lab
<input type="checkbox"/>	3225 INTERNATIONAL CIRCLE, SUITE 200 COLORADO SPRINGS, CO 80910 (719) 634-3658	2.7	LabCorp
<input type="checkbox"/>	2890 N Powers Blvd Colorado Springs, CO 80922 (719) 591-7400	9.2	Quest
<input type="checkbox"/>	6925 Mesa Ridge Pkwy Fountain, CO 80817 (719) 392-1112	10.5	Quest
<input type="checkbox"/>	6140 Tutt Blvd Ste 130 Colorado Springs, CO 80923 (719) 637-7997	10.6	Quest
<input type="checkbox"/>	2749 Janitell Road Colorado Springs, CO 80906 (719) 226-0003	12.4	Quest
<input type="checkbox"/>	840 Village Center Dr Colorado Springs, CO 80919 (719) 599-5050	16.6	Quest
<input type="checkbox"/>	624 W Highway 105 Monument, CO 80132 (719) 488-8800	24.9	Quest
<input type="checkbox"/>	1101 E Us Highway 24 Woodland Park, CO 80863 (719) 687-6330	28.3	Quest

Map data ©2017 Google Terms of Use

Legend: Quest (green dot), LabCorp (blue dot), ZipCode 80942 (black dot)

Navigation: Previous **Next** Finish

GET HELP

Step 4

Input your Fingerprinting Details and click **Next**

Home
Create Order (Step 4 Of 9)

E Fast Fingerprinting Information - 1

Gender*	-- SELECT --	Race*	-- SELECT --
Eye Color*	-- SELECT --	Hair Color*	-- SELECT --
Weight(lbs)*		Height(ft)*	
Place of Birth (State)*	-- SELECT --	Place of Birth (Country)	UNITED STATES
Are you US Citizen (Y/N)?*	-- SELECT --		

Step 5

Read the Disclosure and Authorization(s) and input your E-Signature and click **Next**.
Please Note: You must scroll down on the web page in order to see the signature box.

Home
Create Order (Step 5 Of 9)

Disclosure Form (Scroll down for Signature box)

D&A Student Rev. 2017.09

Disclosure and Authorization Form

PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

As part of the application process for enrollment, acceptance and/or continuing participation in educational programs at [SCHOOL NAME] ("the School"), the School and/or its agents may obtain information about you from a consumer reporting agency. This information may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to information about your character, general reputation, personal characteristics and/or mode of living, employment history, work experience, work performance, criminal history records, sexual offender's lists, motor vehicle records, military records, educational verification, license verification, credit history, government exclusion lists, OIG, GSA, FBI fingerprinting, and drug testing or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. You also may request a written summary of Your Rights Under the Fair Credit Reporting Act, a copy of which is attached to this form. The scope of this notice and authorization is all-encompassing, however, allowing the School to obtain from any individual or entity all manner of consumer reports and investigative consumer reports now and throughout the course of your enrollment to the extent permitted by law.

I hereby authorize and give my written instructions for the obtaining of "consumer reports" and/or "investigative consumer reports", by the School and/or any health care facilities where I may be placed, at any time after receipt of this authorization and throughout my enrollment, if applicable. To this end, I hereby authorize, without reservation, any individual or entity to furnish any and all

GET HELP

↓

I have read and agree to the above Disclosure & Authorization form(s)

Sign Here Clear Signature



Video Tutorial

Step 5-A

Verify that your signature has been placed on the document(s) and click **Next**.

Step 6

Read and sign the Complio Terms of Use and click **Next**.
Please Note: You must scroll down on the web page in order to see the signature box.

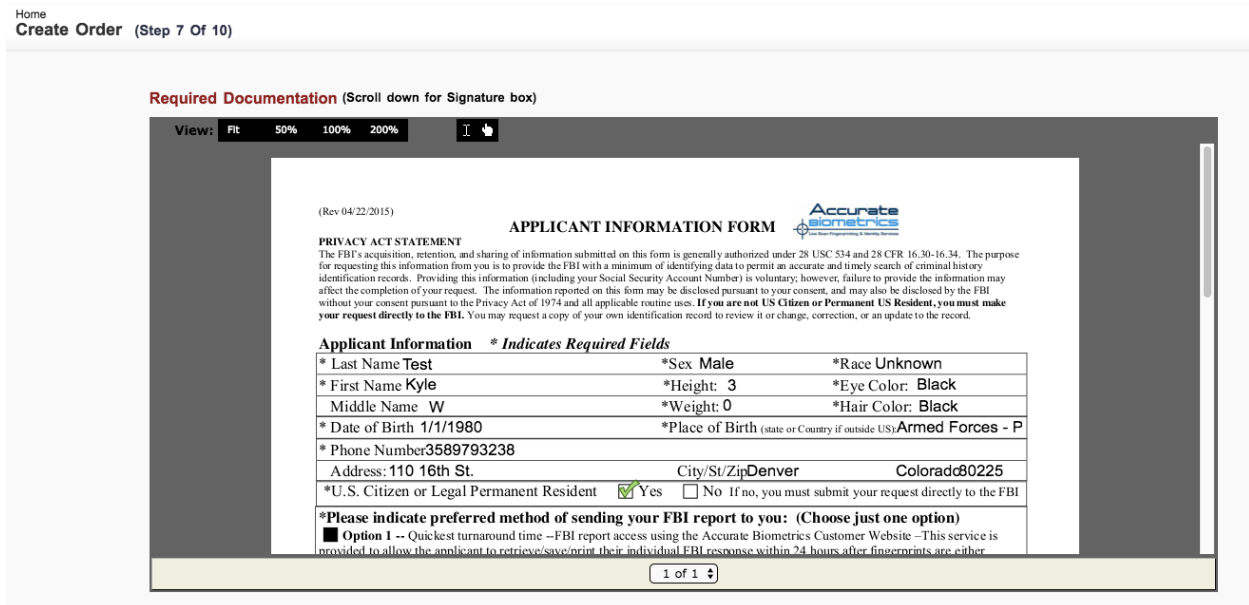


Step 6-A

Verify that your signature has been placed on the document and click **Next**.

Step 7

Sign electronically the form for fingerprints services. Be sure to hit the revise button if you need to correct something. Once you submit your order there is no way to change any entered information.



Step 8

Select your preferred payment method and click **Next**.

Payment Detail

Total Price:	\$166.50		
Package Name:	Document Tracking	Payment Type:	Credit/Debit Card
Package Name:	Jefferson Hospital Immunization Package	Payment Type:	Credit/Debit Card
Package Name:	Criminal Background Check and Drug Screen	Payment Type:	Credit/Debit Card

User Agreement

I understand that as part of the application process for admission to ADB Demo that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, criminal history records (from state, federal and other agencies), motor vehicle records, military records, and names and dates of education. I understand that background check information obtained may be used to determine my eligibility for admission. By submitting this background check application I am certifying that the information I have provided is accurate and true to the best of my knowledge. Any false statement can result in the disqualification/denial of acceptance into the school program. You have agreed to a non-refundable service and as a customer you have agreed to the terms and conditions of service and you have acknowledged that there are no refunds that can be issued.

I have read the User Agreement and accept it

Step 9

Review the Order Summary page and click **Next**. Congratulations! You have successfully ordered your necessary Complio packages. Instructions on how to complete your part of these packages has been emailed to you, but can be found in additional detail below. Please continue for information on how to complete your portion of these packages.

Please Note

At the top of your screen, there are 3 tabs that divide your requirements. They are broken down into Immunization/Compliance, Administrative Tracking, and Background Screening



Part II: Fulfilling your requirements

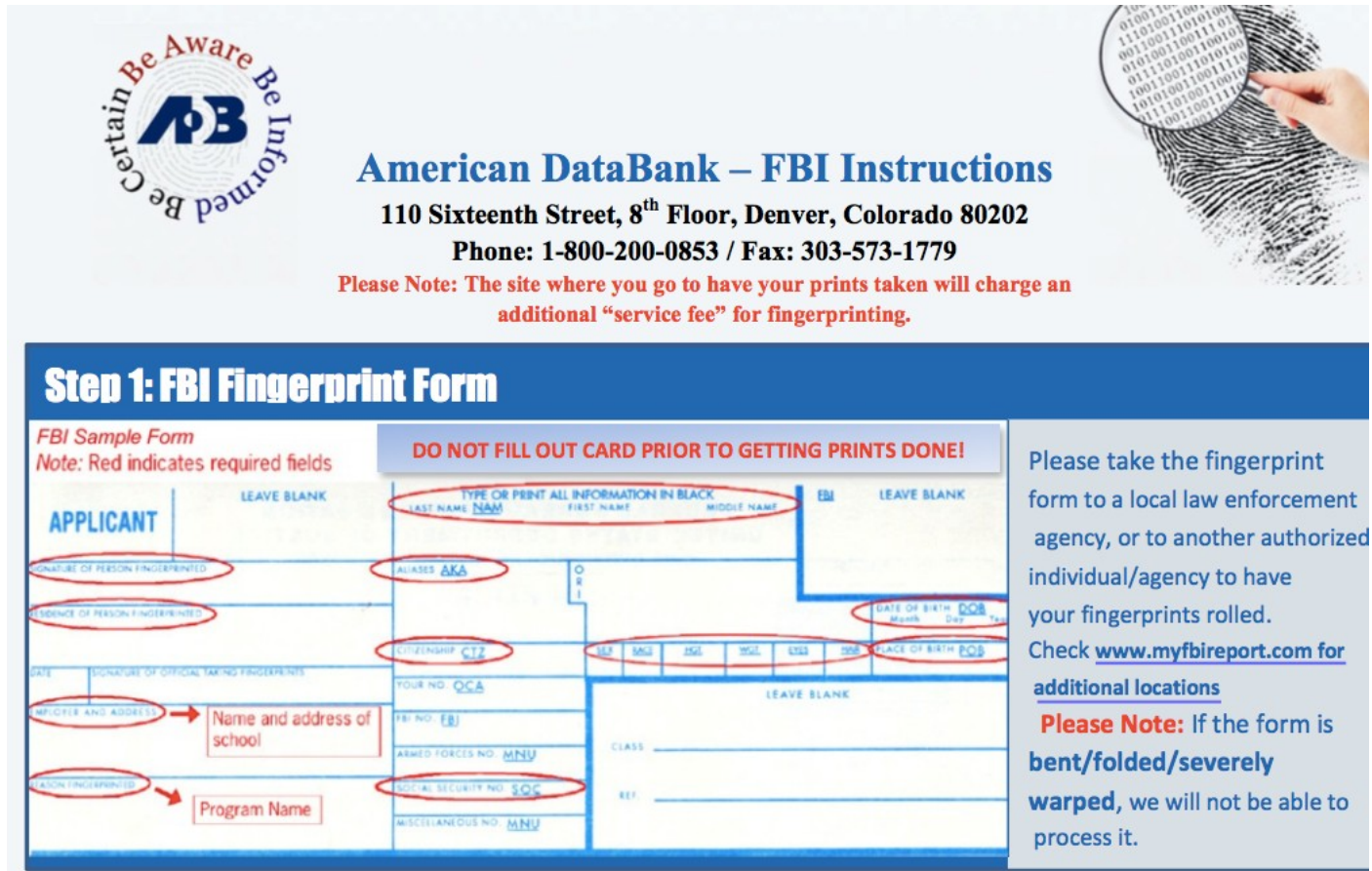
For a comprehensive guide to fulfilling your Immunization and Administrative Tracking requirements, please [click here](#).

Please remember that you have a 15 day window to complete your drug screen once you submit your order.

For more detailed instructions on how to fulfill your Fingerprinting requirement, Child Abuse requirement, and Drug Screening requirement please scroll down in this document

Thank you for using Complio. Your order includes an FBI background check. The following are the next steps to complete this process.

1. **Fingerprint Cards** - Please visit local law enforcement or other private agencies that provide fingerprinting services. Most entities provide the fingerprint cards but you can also print out the cards in the next two pages just in case. Ask for two fingerprint cards. **Check Quality** - Double check your actual fingerprints for quality, review the tips on the last pages of this document and ask have your fingerprints taken again if needed.
2. **Complete the Fingerprint Cards** - Write in all additional information on the cards with black ink refer to the illustration below.



The graphic features the American DataBank logo on the left, which includes the text "Be Certain Be Aware Be Informed" around a stylized "ADB" logo. To the right, there is a photograph of a hand holding a fingerprint card. The main text reads "American DataBank – FBI Instructions" followed by the address "110 Sixteenth Street, 8th Floor, Denver, Colorado 80202" and phone/fax numbers "Phone: 1-800-200-0853 / Fax: 303-573-1779". A red note states: "Please Note: The site where you go to have your prints taken will charge an additional 'service fee' for fingerprinting."

Step 1: FBI Fingerprint Form

FBI Sample Form
Note: Red indicates required fields

DO NOT FILL OUT CARD PRIOR TO GETTING PRINTS DONE!

APPLICANT (LEAVE BLANK)

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME: NAM, FIRST NAME, MIDDLE NAME (LEAVE BLANK)

DATE OF BIRTH: DD, MM, YYY (Blank, DD, MM, YYY)

ALIAS AKA

CITIZENSHIP: C12

DATE, SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

TOUR NO: QCA

REF NO: [R]

ARMED FORCES NO: MNU

SOCIAL SECURITY NO: SOC

MISCELLANEOUS NO: MNU

CLASS, REF

PLACE OF BIRTH: B03

Signature and address of school, Program Name

Please take the fingerprint form to a local law enforcement agency, or to another authorized individual/agency to have your fingerprints rolled. Check www.myfbireport.com for additional locations. **Please Note:** If the form is bent/folded/severely warped, we will not be able to process it.

3. **Mail the Cards** - Mail the fingerprint cards to the following address:

American DataBank
Electronic Fingerprint Processing
110 16th St 8th Floor
Denver CO 80202

4. **Processing Time** - Your fingerprint cards are processed in the order they are received. Once received the average processing time is 2-5 business days.
5. **Results** - The FBI results will be applied to your order and you will receive an electronic copy of the FBI results to the email included with your Complio order.

APPLICANT

* See Privacy Act Notice on Back

I-258 (Rev. 9-9-13) 1110-0046

NATURE OF PERSON FINGERPRINTED

LAST NAME NAM FIRST NAME MIDDLE NAME

ALIASES AKA

O
R
I

SIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

TE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS

PERSON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

APPLICANT

* See Privacy Act Notice on Back

I-258 (Rev. 9-9-13) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

LAST NAME NAM

FIRST NAME

MIDDLE NAME

ALIASES AKA

O
R
I

SIGNATURE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

TE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS

PERSON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Prevent FBI Fingerprint Rejections

American DataBank
110 16th Street, 8th Floor
Denver, CO 80202

The FBI only allows ONE submission per one payment. Therefore, applicants are encouraged to submit two rolled fingerprint cards for their single submission to the FBI. This increases applicants' chances of the FBI accepting one of the two fingerprint cards. Please note: fingerprint rejections are at the sole discretion of the FBI.

Reasons for Rejections of Fingerprints by the FBI:

- Poor penmanship or fingerprint quality
- Submission on non-standard fingerprint card
- Use of pencil or ink other than blue or black
- Missing or invalid required data (i.e. date of birth)
- Descriptive data not complete (i.e. name not shown at top of card)

The FBI has sole discretion on the acceptance of fingerprints. Here are some tips to help prevent your fingerprints from rejection:

TO IMPROVE WORN RIDGE DETAIL

- Ridge Builder
- Corn Huskers Lotion
- Lotion containing Aloe Vera
- Massaging fingers to force blood to fingertips

TO OBTAIN LEGIBLE PRINTS

- Minimize hand-washing to avoid worn ridge
- Applying lotion like Corn Huskers or Ridge Builder at night and wearing gloves to bed. This helps reform the ridge detail of your fingerprints.

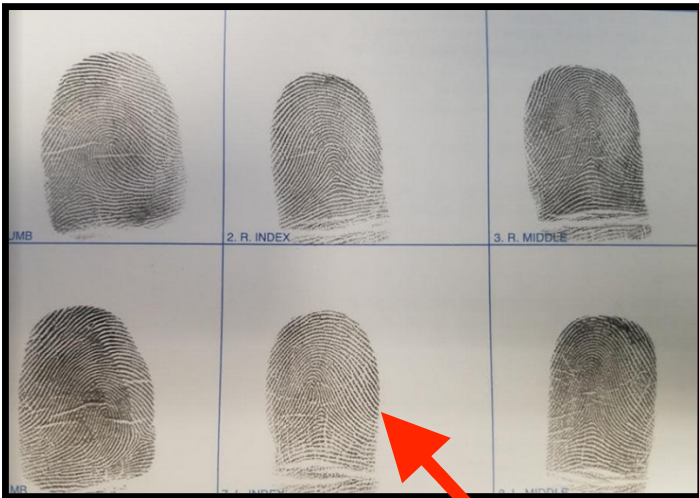
FILLING OUT FINGERPRINT CARD

- Double-check you are using the correct card
- Verify all required fields are complete and legible
- Use black or blue ink pen

Fingerprint Guidelines for Highest Quality Fingerprints

When you have your fingerprints taken by law enforcement or any other agency it is best to visibly inspect your fingerprints. The following are examples of fingerprints and what to look for.

Example of high quality fingerprints.

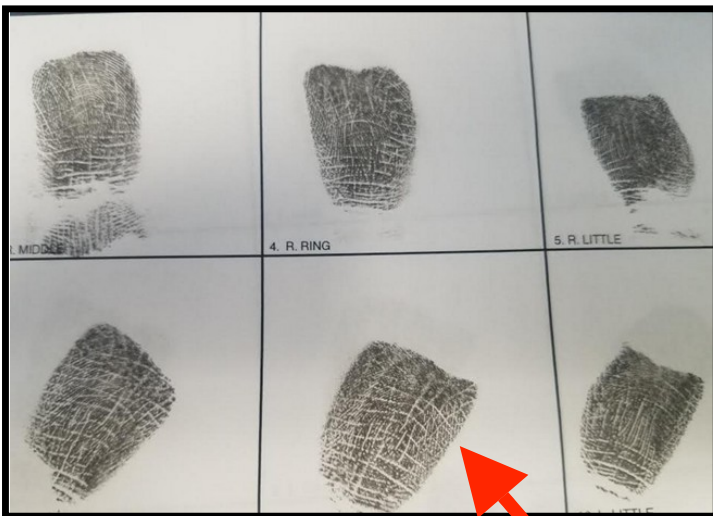


The fingerprint ridges are visible with minimal smudging.

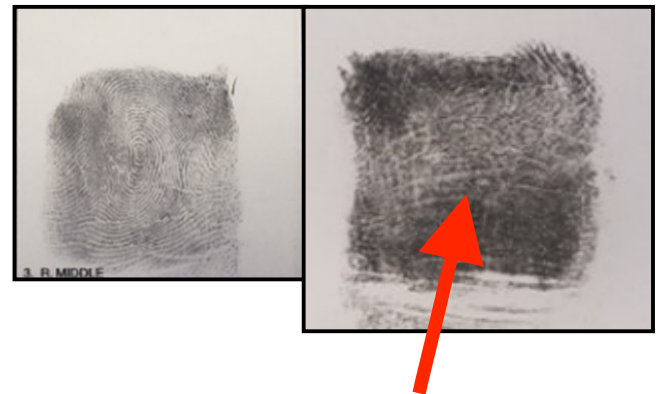


The center core and ridges of the fingerprint are visible.

Examples of low quality fingerprints



It is difficult to see fingerprint ridges and fingerprints are smudged.



The center core and fingerprint ridges are smudged.

*Please note, your fingerprints do not have to look exactly like the pictures above, but should be similar to minimize the possibility of getting rejected.

Before leaving the agency that provided your fingerprints, inspect your fingerprints for quality. If the fingerprint quality is poor, ask to have your fingerprints taken again.

Pennsylvania Child Abuse Instruction Sheet

Dear Student:

To complete the Pennsylvania Child Abuse History Clearance Form you have two options.

Electronic Submission (Best Option)

You can create an account with the State and submit your clearance application online. The results will be provided to you electronically through your State account. To get started please visit:

<https://www.compass.state.pa.us/cwis/public/home>

If you have any questions on creating an account please visit:

Video Instructions: <http://www.americandatabank.com/VideoDirectory/paca.html>

Paper Instructions: <http://www.complio.com/forms/PACildAbuse-ElectronicInstructions.pdf>

Please upload the results into your Complio account as soon as you receive them.

Paper Process

This option requires you to download the form, complete the form and mail the completed form and \$13 money order to:

Childline and Abuse Registry
Department of Public Welfare
P.O. Box 8170
Harrisburg, PA 17105-8170

Please click <http://www.complio.com/forms/PACildAbuseReleaseForm.pdf> for the form and instructions.

Please contact us if you have any questions or need assistance.

Thank You,

Customer Service
American DataBank
11016th St. 8th Floor
Denver, CO 80202
Phone: 303-573-1130
Email: ex@americandatabank.com

Fulfilling your Drug Screening requirement

- **After you have submitted your order, please access your email account that you provided with your order to obtain the Electronic Authorization Form and drug screen collection site location that you selected. You may also obtain a copy by logging into your Complio account.**
- Your Registration ID **will expire 15 calendar days** after your order was submitted.
- Please be sure to check your **SPAM and JUNK MAIL** Folders. If you have not received your Electronic Authorization Form within 2 hours of placing your online order please call American DataBank at 1-800-200-0853.
- If you take your Registration ID to a Patient Service Center OTHER than the location you selected during your order, you may be subject to additional collection fees.
- You **MUST** complete your drug screening within 15 days of ordering. If you do not get your drug screening done within 15 days, **YOU WILL BE REQUIRED TO ORDER AND PAY FOR A NEW DRUG SCREENING.**
- Your results will be reported directly to American DataBank within one to three business days of your drug testing. These results will be sent electronically to you and your school.
- At the facility, if you are not able produce a urine sample when requested, call ADB at 1-800-200-0853 on how to proceed. The lab will run extensive tests to verify if the drug screen is negative/positive/dilute.

For Negative Results - a fax is sent from Quest to American DataBank to input the results.

For Dilute Results - you must contact American DataBank at 1-800-200-0853 for further instructions.

For Positive Results - the results are forwarded to the Medical Review Officer. The Medical Review Officer will contact you for verification of any prescription drug you may be taking to show a false positive. After discussion, the Medical Review Office will send a fax to American DataBank to input the results and close the order. If the order is positive the Medical Review Office will list the drug that is positive.

