

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**.

ADB
American DataBank

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: * --Select-- Date of Birth: * mm/dd/yyyy

Contact Information

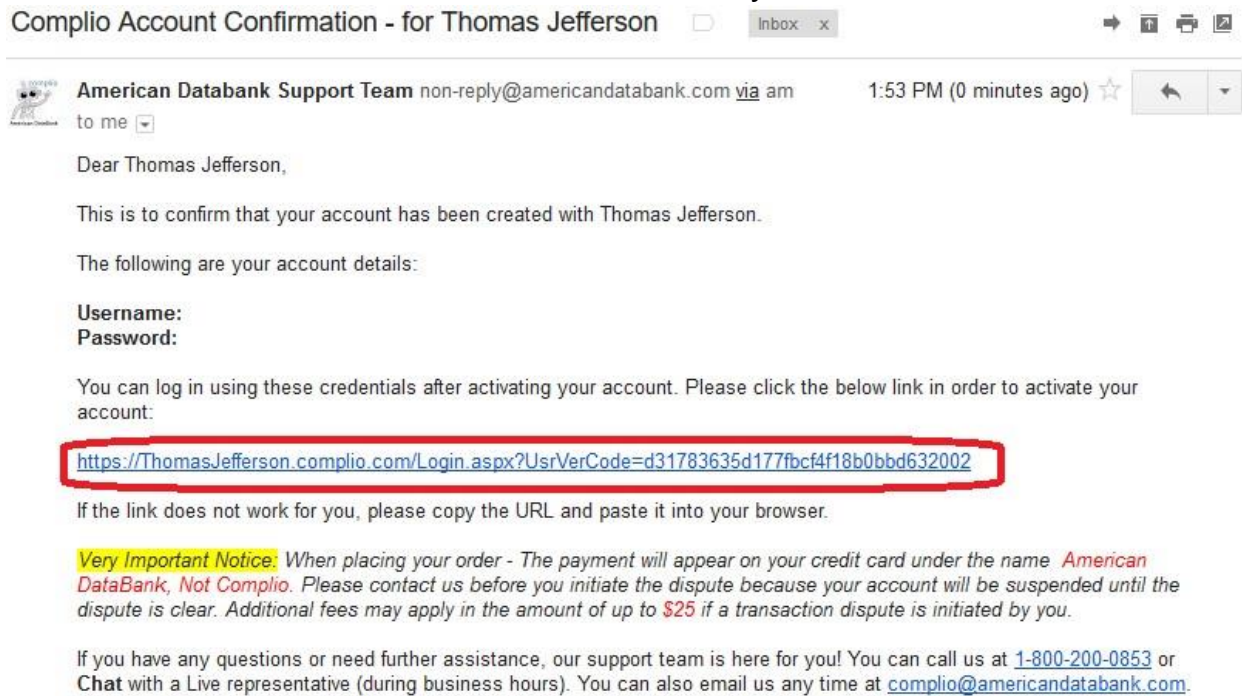
Primary Email: * [] Confirm Primary Email: * []
 Secondary Email: [] Confirm Secondary Email: []
 Address 1: * [] Address 2: []
 Country: * UNITED STATES State: * --Select-- City: * --Select--
 Zip Code: * --Select-- County: * --Select--
 Primary Phone: * () - - Secondary Phone: () - -

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.

Get Started

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.

Bundles

Package #1: Background Check-Drug Screen-Fingerprints-Child Abuse-Medical Records-Document Tracking

Jefferson Medical Records Package [View Package Details](#)

12 Months Subscription (\$30.00)

Document Tracking [View Package Details](#)

12 Months Subscription (\$5.00)

Criminal Background Check and Drug Screen (\$131.00) [View Package Details](#)

This package costs \$131.00. [View Package Details](#)

Drug Screening Registration is time sensitive, it will expire in 15 days and extensions will not be granted

Package #2: Background Check-Drug Screen-Fingerprints-Child Abuse Clearance-Document Tracking

Document Tracking [View Package Details](#)

12 Months Subscription (\$5.00)

Criminal Background Check and Drug Screen (\$131.00) [View Package Details](#)

This package costs \$131.00. [View Package Details](#)

Drug Screening Registration is time sensitive, it will expire in 15 days and extensions will not be granted

Estimated Bundle Total: \$ 166.00

If you are unsure which bundle you need, please confirm with your school directly.

Step 2

Input your personal details.

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

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:* A Middle Name: Last Name:* Test

I don't have a Middle Name.

Do you have an SSN?:* Yes No Social Security Number:* 111-11-1111

I have an Alias or Maiden name

Gender:* Not Specified Date of Birth:* 01/01/1980

Phone:* (303)-302-9207 Secondary Phone: () - - - - -

Email: amcquire-tju@americandatabank.com Secondary Email: Confirm Secondary Email:

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

Address 1:* 110 16th St Address 2:

Country:* UNITED STATES State:* Colorado City:* Denver

Zip Code:* 80202 County:* Denver

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

Text Message Notifications

Receive Text Notification: Yes No Cellular Phone Number:* (303)-302-9207

Save personal information changes to account profile.

Other Details

Campus Key:

[Chat with an Expert](#)

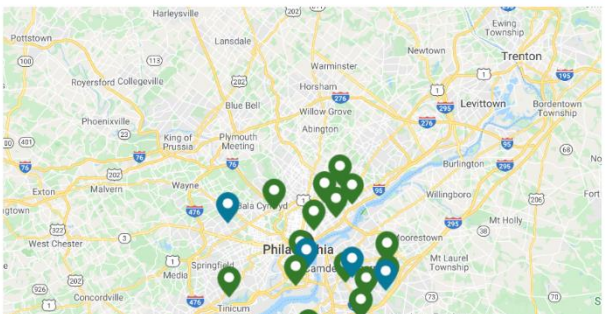
Step 3

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

Electronic Drug Screening Registration - Select a Drug Screening Location

10-Panel + Exp Opi

Zip: 19107 Distance: 35



- + 227 N. BROAD ST
PHILADELPHIA, PA 19107
QUEST
0.26 miles
- + 241 S 6TH STREET SUITE 120
PHILADELPHIA, PA 19106
LABCORP
0.77 miles
- + 2219 S BROAD ST
PHILADELPHIA, PA 19148
QUEST
2.40 miles
- + 400 W ALLEGHENY AVE
PHILADELPHIA, PA 19133
QUEST
3.19 miles

Step 4

Input your Fingerprinting Details and click **Next**

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.

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.

Required Documentation (Scroll down for Signature box)

View: Fit 50% 100% 200%

(Rev 04/22/2015)

APPLICANT INFORMATION FORM 

PRIVACY ACT STATEMENT
The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. **If you are not US Citizen or Permanent US Resident, you must make your request directly to the FBI.** You may request a copy of your own identification record to review it or change, correction, or an update to the record.

Applicant Information * Indicates Required Fields

* Last Name Test	*Sex Male	*Race Unknown
* First Name Kyle	*Height: 3	*Eye Color: Black
Middle Name W	*Weight: 0	*Hair Color: Black
* Date of Birth 1/1/1980	*Place of Birth (state or Country if outside US): Armed Forces - P	
* Phone Number 3589793238		
Address: 110 16th St.		City/St/Zip Denver Colorad0225
*U.S. Citizen or Legal Permanent Resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, you must submit your request directly to the FBI		

***Please indicate preferred method of sending your FBI report to you: (Choose just one option)**
 Option 1 -- Quickest turnaround time --FBI report access using the Accurate Biometrics Customer Website --This service is provided to allow the applicant to retrieve/save/print their individual FBI response within 24 hours after fingerprints are either

1 of 1

Step 8

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

Purchase Detail

Total Price: \$166.00

Package Name: Criminal Background Check and Drug Screen

Package Name: Document Tracking

Package Name: Jefferson Medical Records Package

Payment Type: Credit/Debit Card Split payment type by package

User Agreement

I understand that as part of the application process for admission to Thomas Jefferson University 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

Previous Next Cancel

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 video guides to fulfilling your Immunization and Administrative Tracking requirements, you may visit <https://www.americandatabank.com/student-help-videos/>

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.



American DataBank – FBI Instructions

110 Sixteenth Street, 8th Floor, Denver, Colorado 80202
 Phone: 1-800-200-0853 / Fax: 303-573-1779

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

APPLICANT

Signature of person fingerprinted

Residence of person fingerprinted

Date

Signature of official taking fingerprints

Employer and address

Person fingerprinted for

DO NOT FILL OUT CARD PRIOR TO GETTING PRINTS DONE!

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME: NAM FIRST NAME: MIDDLE NAME: EM

ALIAS: AKA

CITIZENSHIP: CIT

FOUR NO: QCA

FB NO: FBI

ARMED FORCES NO: MNU

SOCIAL SECURITY NO: SOC

MISCELLANEOUS NO: MNU

DATE OF BIRTH: QCA

PLACE OF BIRTH: PCB

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

APPLICANT

* See Privacy Act Notice on Back

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

SIGNATURE OF PERSON FINGERPRINTED

LAST NAME NAM FIRST NAME MIDDLE NAME

ALIASES AKA O R I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

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

TITLE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

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

- 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

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SIGNATURE OF PERSON FINGERPRINTED

LAST NAME NAM FIRST NAME MIDDLE NAME

ALIASES AKA

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Month Day Year

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

TITLE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

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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.

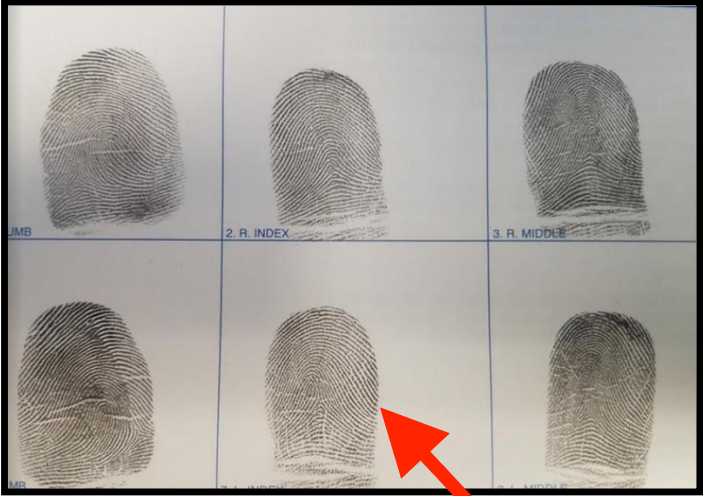
FILLING OUT FINGERPRINT CARD

- 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

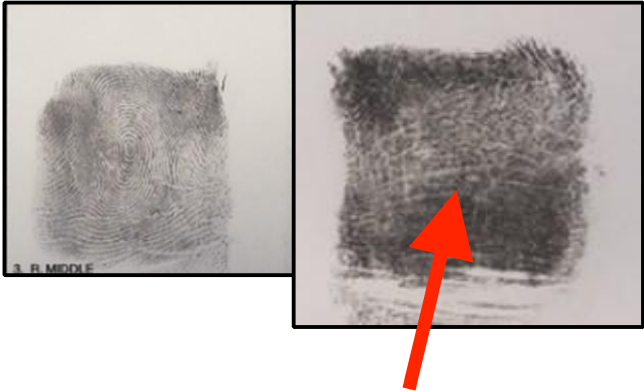
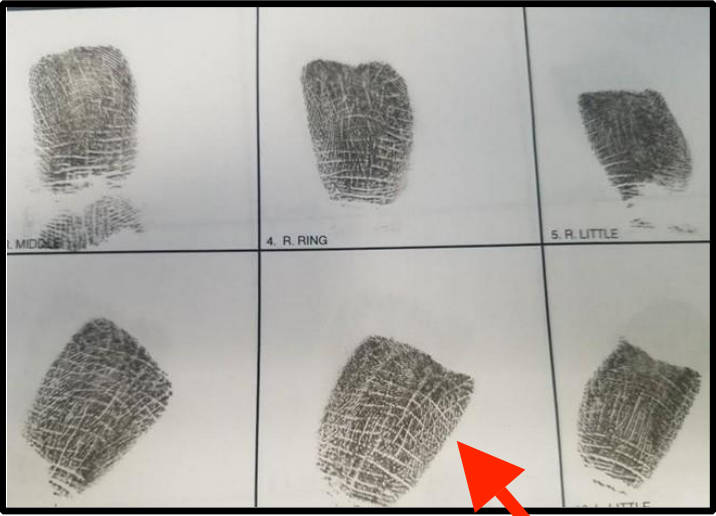
When you have your fingerprints taken by law enforcement or any other agency it is best to visibly inspect your fingerprints. The following are examples of fingerprints and what to look for.

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



The center core and fingerprint ridges are smudged. It is difficult to see fingerprint ridges and fingerprints 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 your Pennsylvania Child Abuse History Clearance Check, you have two options. Please see below for detailed instructions on both options.

The Electronic Submission (Best Option)

Submission Type: Electronic Request

Processing Time: 2-4 Weeks

Fee: \$13.00 (Please note: The Pennsylvania Department of Human Services may waive your fee if you haven't received a Pennsylvania Child Abuse History Certification free of charge within the last 57 months.)

To complete this process, you will 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>

The Manual Submission

Submission Type: Mail Request

Processing Time: 2-4 Weeks

Fee: \$13.00 (Please note: The Pennsylvania Department of Human Services may waive your fee if you haven't received a Pennsylvania Child Abuse History Certification free of charge within the last 57 months.)

To complete this process, you need to download the required form, complete the form, and mail the completed form with a \$13.00 Money Order to the below address:

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

Please Click on the following link to download the required form and instructions on completing the form: <http://www.complio.com/forms/PACildAbuseReleaseForm.pdf>

Once you have your results you will need to upload them to your Complio account under the corresponding tracking category. If you do not have a tracking category/item for this service, you will need to email your results to support@americandatabank.com so that they may be applied to your order.

Please do not hesitate to contact us if you have any questions or need assistance.

Thank You,

Customer Service
American DataBank
110 16th St. 8th Floor
Denver, CO 80202
Phone: 800-200-0853
Email: support@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 1-800-2000853 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.