



Participant Vetting
Guidebook

Table of Contents

Review for Accuracy and Completeness	3
Omnivee Vendor Program Vetting	4
Overview Vetting Fail Criteria:	
Commercial Background Screening	5
Government Database Check	5-6
Redress Options to Address Failure	6
Adjudication Process:	
Step-By-Step Adjudication Instructions	7
Waiver Process:	
Step-By-Step Waiver Instructions	8
Required Documents for Waiver	9-11

Review Results

Review the information in the vetting results for accuracy and completeness.

For Commercial Background Screening results:
Individual receives report in the mail from the third party screening company.

For Government Database Check results:
Individual may request criminal history report through the FBI at FBI Report Request.

(<https://www.fbi.gov/services/cjis/identity-history-summary-checks>)



Omnivee® Vendor Program Vetting Overview

Vetting Components*

- Government Database Check and/or Commercial Background Screening
- Electronic Database Screening: Registered Sex Offenders, Watch Lists (e.g., OFAC, I.C.E., INTERPOL)
- County and Federal Criminal Screenings (PACER)
- Social Security Number Validation

Ongoing Screening

- Periodic re-screening every 3 months

TIMEFRAME	VETTING
Day 1 New	Government Database Check &/or Commercial Screening
Day 92	Recurring Commercial Screening
Day 184	Recurring Commercial Screening
Day 276	Recurring Commercial Screening
Day 365 Renewal	Government Database Check &/or Commercial Screening

*Program vetting requirements may vary between facilities; additional vetting may be required.

Disqualification Criteria

Commercial Background Screening

Findings or convictions reported as far back as records are available:

- Felony convictions within the last 10 years
- Wanted Persons — Open Criminal Warrants (Felony and Misdemeanor)
- Searched Watch Lists (e.g., OFAC, I.C.E., Interpol)
- Registered Sex Offenders
- Social Security Number Not Validated

Government Database Check

Findings for:

- Open Criminal Warrants (Felony and Misdemeanor), regardless of offense
- Identity cannot be verified or there is reasonable basis to believe the person submitted fraudulent information concerning their identity
- Listed on the National Sex Offender Registry (NSOR)
- Listed on the Violent Person's, Foreign Fugitive's, Immigration Violator's, or Terrorist Screening (TSC) files
- Listed on the DHS Terrorist Screening Database (TSDB), as applicable
- Any two misdemeanor convictions from date of registration/renewal in past 3 years
- Any felony conviction from date of registration/renewal in past 10 years



Vetting Fail Criteria (Continued)

Government Database Check

Findings for:

- Lack of Government Crime Classification (e.g., felony v. misdemeanor) or Disposition (e.g., conviction v. dismissal)
- Any of the following felony convictions, to include attempt or conspiracy to commit, as far back as records are available:
 - Criminal sexual act or contact, with adult or minor
 - Armed robbery
 - Possession of child pornography
 - Trafficking in persons
 - Espionage
 - Sedition
 - Sabotage
 - Treason
 - Terrorism
 - Murder
 - Military desertion
 - Arson
 - Drug possession with intent to sell or distribute

Redress Options

There are 2 options for individuals who have failed the Omnivee Vendor Vetting for access to a facility.

Option 1 (Adjudication): If any information is inaccurate or incomplete, follow up to correct the information.

Option 2 (Waiver): If the information is accurate and complete, apply to the facility for a waiver.

Step-By-Step Adjudication Instructions

Adjudication is the process by which an individual may dispute the accuracy or completeness of the information in their commercial background screening report or Government Database Check.

Commercial Background Screening: Individual has 30 days from notification date to dispute inaccurate findings by contacting the commercial background screening company to request reinvestigation.

- 1 Government Database Check: Individual has 60 days from notification date to dispute inaccurate findings by working with the FBI for resolution. Instructions are provided in the notification package.

If the Government database check is blank send the following to Fortior Solutions:

- Copy of Criminal History Report
- Adjudications Form
- Copy of Photo ID

This package must be sent to Omnivee Vendor Support via one of the following methods:

- Mail:
Attn: Omnivee Vendor Adjudication
5800 NE Pinefarm Court
Hillsboro, OR 97124
- Fax: (971) 223-6496

Adjudication results:

- 2 If successful: Credential will be shipped to the facility for issuance or reactivated
If unsuccessful: Credential will not be shipped to the facility for issuance or re-activated
The individual may elect to go through the waiver process if eligible (See pg. 8-11)

Step-By-Step Waiver Instructions

Individuals may request a waiver from the facility(ies) to participate in the Omnivee Vendor Program

Note: The waiver option may not be offered at all facilities

Obtain the ineligibility package from your Company Administrator. Submit the completed package within 60 days of initial notification of ineligibility to the Omnivee Vendor Program and include:

1

- Signed Waiver Release Authorization Form
- Letter of Good Standing

Note: A waiver package is required to be filled out and submitted to each facility for which an individual seeks a waiver. It is possible for an individual to be approved for Omnivee Vendor Participation by one facility and denied by another. Each facility exercises its own discretion on whether to approve or deny a waiver request.

The Omnivee Vendor Program will determine if package is complete when:

2

- Disqualifying event is eligible for a waiver
- Waiver Release Authorization Form has been signed and submitted
- Letter of Good Standing has been filled out

The Omnivee Vendor Program will submit package to facility.

Note: Confirmation receipt will be sent to the individual

Waiver Results:

3

Each facility is requested to respond with a determination to the Omnivee Vendor Program within 90 days. The facility may reach out to the individual for additional information.

- Approved: Access to the facility will be re-activated or credential will be shipped to the facility for issuance
- Denied: Access to the facility will be deactivated or credential will not be shipped to the facility for issuance

Note: Waiver requests must be resubmitted annually and additional vetting is required. If the facility does not provide a decision to the Omnivee Vendor Program within 90 days, the individual will be notified that the waiver request was denied due to no response.

Required Documents for Waiver Requests

Individual fills out and signs a Waiver Release Authorization Form obtained from Company Administrator

The section titled "Name of Facility" must match the facility name listed on the Failed Background Screen Notification.

Company Administrator provides Letter of Good Standing

Letter should be written on company letterhead and signed by the manager or Company Administrator. Letter to include:

1. Verification that the individual is currently in good standing with the company
2. Dates of employment, and any other relevant information.
3. Company Administrator name, phone number and email address.

Optional: Copies of any certificates of completion for courses related to disqualifying offenses, such as drug or alcohol rehabilitation or anger management courses.

Send the Waiver Release Form, the Letter of Good Standing and optional documents to:
Email: screening@omnivee.com
Fax: 971-223-6496



Waiver Release Authorization Form

Please **Sign** and **Date** below to initiate the waiver process for the OmniVee® Vendor Program
Incorrect or incomplete forms will not be accepted or retained on file

Send this form, the Letter of Good Standing and any supporting documentation, to OmniVee Vendor:

Via Fax: (971) 223-6496

Via Email: vettingsupport@omnivee.com

Participant Name:

Participant Address:

Participant Phone Number:

Company Name:

Case / Work Order Number(s):

Name of Facility:

(Please note: an individual waiver form must be submitted for each facility.)

To Whom It May Concern:

By signing this background investigation release form, I, «Employee_Name», hereby authorize the OmniVee Vendor Program to provide a copy of my background check report(s) to the facility for review. I understand that the facility will use this information to determine my eligibility to obtain a waiver to participate in the OmniVee Vendor Program at that facility.

Regards,

Signed _____ Date _____

To be completed by the Company Administrator:

- By checking this box, I authorize the OmniVee Vendor Program to:**
- Submit this Waiver request to the listed facility immediately upon receipt.
 - Update this Participant's primary facility to the first facility that approves his/her waiver request.
 - Ship any new OmniVee Vendor credential to the new primary facility location for this Participant, should it be changed.

If you have any questions regarding the waiver process or how to complete this form, please call OmniVee Vendor Customer Support at **(877) 727-4342**.

Sample Letter of Good Standing*

Your
Company's
Letterhead

Company Letterhead

{Insert Date}

To Whom It May Concern,

My name is Jane Doe and I am the Company Administrator at ABC Enterprises. I am writing to respectfully ask for your consideration of the Omnivee Vendor waiver request submitted by our employee, John Doe.

Employment
Dates

Mr. Doe has been employed with us since 08/15/2007. Over the last 8 years, he has proven to be a hard-working and valuable employee, starting out in the field and working his way up to his current position as a supervisor.

Verify Good
Standing

Mr. Doe has not had any attendance issues or any kind of disciplinary action taken against him since he started with us 5 years ago. He made a mistake when he was young, but has since completed his community service, and has learned from his experiences.

We consider Mr. Doe to be an excellent standing with our company. His continued presence at his job sites vital to our operations, and we sincerely hope that he is approved for Omnivee Vendor access in order to continue his job.

If you have any questions about Mr. Doe's employment or require any additional information, please do not hesitate to contact me at (555)555-5555 or janedoe@example.com.

Thank you for your consideration in this matter.

Sincerely,

Jane Doe

Jane Doe
Manager/Company Administrator
(555) 555-5555
janedoe@example.com

Company
Administrator
Contact

***Please note:** This is a sample provided for your reference only. Use of this sample format or the type of information contained in this sample will not guarantee that an employee will be granted a waiver to access a facility through the Omnivee[®] Vendor Program.

For more information contact:
vendorsupport@omnivee.com

For answers to frequently asked questions visit:
www.omnivee.com/faqs