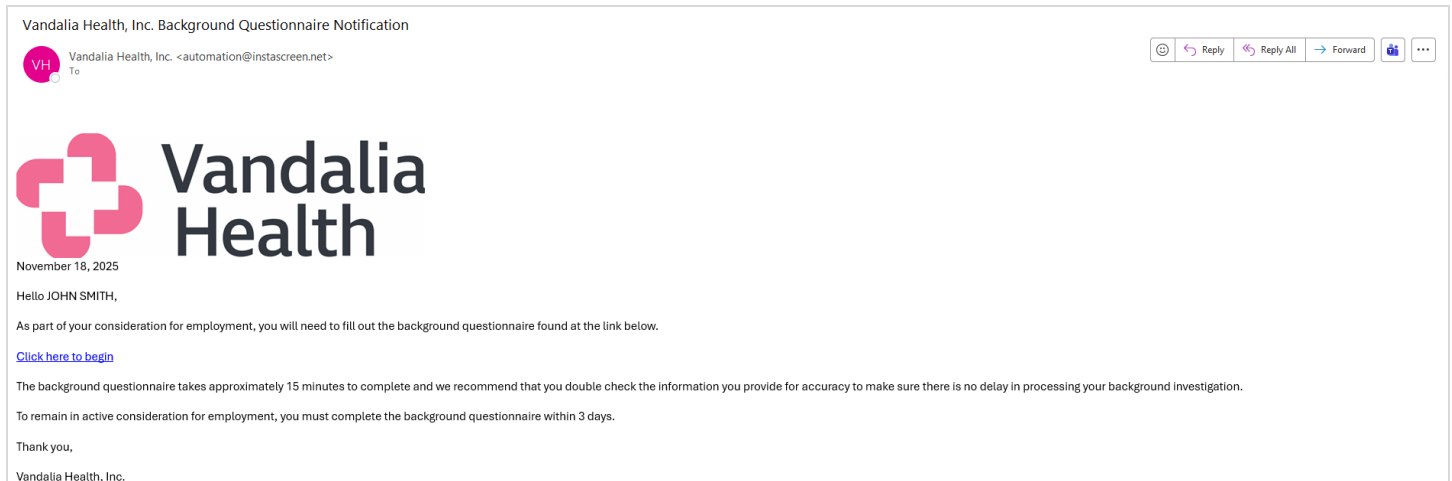
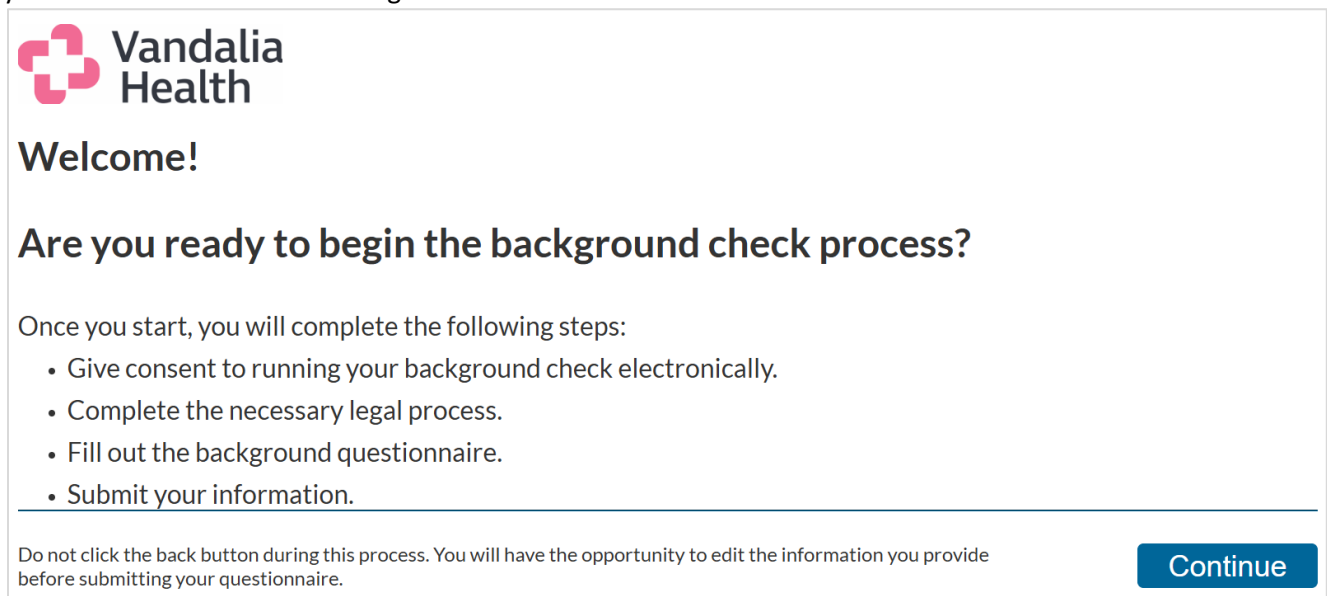


Vandalia Health – Candidate Guide

Before you get started, you should have received the following email from Vandalia Health:



Once you receive that email and are ready to begin, please click the link contained within that email. After clicking the link, you will be taken to the following Welcome screen:



On the Welcome screen, please click “Continue”.

From there, you will be asked to consent electronically to having a background check run on you via the 'ELECTRONIC SIGNATURE CONSENT' screen. Please check the box and type your full name in the text box before clicking "Continue":

ELECTRONIC SIGNATURE CONSENT

As part of the selection process at Vandalia Health, Inc., the "Company", you will need to consent to a background check electronically. By typing your name and clicking in the box below, you are consenting to receive any communications (legally required or otherwise) and all changes to such communications electronically. In order to use the website, you must provide at your own expense an Internet connected device that is compatible with the minimum requirements outlined below. You also confirm that your device will meet these specifications and requirements and will permit you to access and retain the communications electronically each time you access and use the website.

System Requirements to Access Information

To receive and view an electronic copy of the Communications you must have the following equipment and software:

- A personal computer or other device which is capable of accessing the Internet. Your access to this page verifies that your system/device meets these requirements.
- A current version of Chrome, Firefox, Safari, or Microsoft Edge Internet web browser which supports security industry best practices for HTTPS encrypted communications, JavaScript, and cookies. Your access to this page verifies that your browser meets these requirements.

System Requirements to Retain Information

To retain a copy, you must either have a printer connected to your personal computer or other device or, alternatively, the ability to save a copy through use of printing service or software such as Adobe Acrobat. If you would like to proceed using paper forms, please choose option 2 below.

Withdrawal of Electronic Acceptance of Disclosures and Notices

You can also contact us to withdraw your consent to receive any future communications electronically, including if the system requirements described above change and you no longer possess the required system. If you withdraw your consent, we will terminate your use of the JD Palatine dba/JDP website and the services provided through the JD Palatine dba/JDP website.

To ensure that a signature is unique and to safeguard you against unauthorized use of your name, your IP address (172.172.126.139) has been recorded and will be stored along with your electronic signature. Please note that if you wish to submit your Disclosure and Authorization Forms electronically, JD Palatine dba/JDP requires that you include your social security number or user identification. All of your information will be encrypted and transmitted via our secure website.

CHOOSE ONE OF THE FOLLOWING OPTIONS:

☐ I, (type full name), consent to transacting electronically, including receiving legally required notices electronically. I understand that JD Palatine dba/JDP uses computer technology to ensure that my signed documents are not altered after submission. I agree to allow JD Palatine dba/JDP to validate my signed documents in this way.

[Continue](#)

After consenting via electronic signature, you will be asked to enter the state in which you are applying for employment and your state of residence on the 'APPLICABLE JURISDICTIONS' screen:

APPLICABLE JURISDICTIONS

Please provide the following information.

I certify that I am an individual seeking prospective or continued employment to work in:

Employment state *

-- Please Select State --

I certify that I am a resident of:

Residence state *

-- Please Select State --

[Continue](#)

Once you have selected the appropriate state(s) from the dropdowns above, please click “Continue”.

This will take you to you to a ‘DISCLOSURE REGARDING BACKGROUND INVESTIGATION FOR CONSUMER REPORT’:

**FCRA DISCLOSURE REGARDING
BACKGROUND INVESTIGATION FOR CONSUMER REPORT**

Vandalia Health, Inc., the “Company”, may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history (including income), or other background checks.

These searches will be conducted by JD Palatine, LLC dba JDP, 855-940-3232, 10675 Perry Highway, Wexford PA 15090, jdp.com, and/or its affiliates.

[End of FCRA DISCLOSURE REGARDING BACKGROUND INVESTIGATION]

[Continue](#)

Please click “Continue” to acknowledge the disclosure and proceed.

From there, you will be presented with “A Summary of your Rights Under the Fair Credit Reporting Act”. The Fair Credit Reporting Act is a federal law that governs how a credit reporting agency (CRA) handles your information.

In this situation, JDP is the CRA. Please check the open checkbox to acknowledge receipt of your rights under the FCRA before continuing.

Please note that a credit check is not being performed

At that point, the system will take you to a ‘DISCLOSURE REGARDING INVESTIGATION FOR INVESTIGATIVE CONSUMER REPORTS’:

**FCRA DISCLOSURE REGARDING BACKGROUND INVESTIGATION
FOR INVESTIGATIVE
CONSUMER REPORTS**

Vandalia Health, Inc., the “Company”, may request an investigative consumer report about you from a third-party consumer reporting agency, in connection with your employment or application for employment. An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or income verification. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

These searches will be conducted by JD Palatine, LLC dba JDP and its affiliates, 855-940-3232, 10675 Perry Highway #607, Wexford PA 15090, jdp.com and its affiliates

[End of FCRA DISCLOSURE REGARDING BACKGROUND INVESTIGATION FOR INVESTIGATIVE CONSUMER REPORTS]

[Continue](#)

From there, you will be asked to sign one final acknowledgement, this time the ‘ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK’:

**ACKNOWLEDGMENT AND AUTHORIZATION
FOR BACKGROUND CHECK**

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION FOR CONSUMER REPORT, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and the DISCLOSURE REGARDING BACKGROUND INVESTIGATION FOR INVESTIGATIVE CONSUMER REPORT and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by JD Palatine dba/JDP or its affiliates, 1-855-940-3232, 10675 Perry Hwy, #607, Wexford, PA 15090, www.jdp.com, and/or Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that by signing below,

- I am authorizing JD Palatine dba/JDP or its affiliates to conduct the background check(s) described above.
- I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling JD Palatine dba/JDP at 1-855-940-3232.

If adverse action is taken resulting from information obtained, in whole or in part, from consumer report or investigative consumer report from a consumer reporting agency, you will have the option to receive a copy of the report from JD Palatine, LLC dba JDP and its affiliates, and can be contacted at 10675 Perry Highway #607, Wexford PA 15090 or by phone/fax at 855-940-3232 or fax 724-799-8460 or emailing your request for an electronic copy of your completed report to clientservices@jdp.com.

[End of ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK]

Agreement

I agree: Last 4 of your social security number / user PIN

Please note: the last four digits of your SSN or user PIN may be required at a later time for verification purposes.

[Sign Acknowledgment](#)

Please type your full name into the text box, add the last 4-digits of your SSN, and click the “Sign Acknowledgement” icon to continue into the data entry portion of the process:

Applicant
Vandalia Health, Inc. - Vandalia Health - Standard Package

Please provide your **legal name** as shown on your driver's license or other government issued identification.

* Last Name:	* First Name:	* Middle Name:	Generation:	* SSN:	* Confirm SSN:	* DOB:
<input type="text" value="SMITH"/>	<input type="text" value="JOHN"/>	<input type="text"/>	<div style="border: 1px solid #ccc; padding: 2px; text-align: center;">-</div>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ I certify that I do not have a Middle Name

Phone Number:

[+ Former Name/Alias](#)

[Cancel](#)
[Next →](#)

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After entering the required info, please click “Next” to continue to the ‘Applicant Address – Add To Order’ page. On the screen, you are only required to enter your current address:

Applicant Address Vandalia Health, Inc. - Vandalia Health - Standard Package

Current Address

Current Address

United States of America

* STREET ADDRESS

* ZIP CODE

* CITY

-

+ Previous Address

Cancel

Next →

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After entering your current address, please click “Next” to proceed. At that point, depending on the position you applied for, you may be asked to enter your driver’s license info, information regarding past employers, or your education history. You will also be asked to enter a practitioner license within the JDP Healthcare Sanctions Search Plus screen:

JDP Healthcare Sanctions Search Plus Vandalia Health, Inc. - Vandalia Health - Standard Package

Names to Search:

Applicant / Alias Name

SMITH, JOHN

Practitioner Licenses That Apply:

License Number

Issuing State

-

+ Add License

Cancel

Next →

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If you do not have a practitioner license, please just click “Next” to bypass that screen.

From there, you will arrive at an 'Application Summary' screen where you can review the information you have inputted up and to this point:

Application Summary

Vandalia Health, Inc. - Vandalia Health - Standard Package

Please review your information for accuracy. If you would like to make changes, please click "Edit" (✎) next to an item. When you are finished, click the "Submit" button.

Applicant: ✎

JOHN SMITH
(123-45-6789, 09/30/1992)

Current Address: ✎

123 SAMPLE ST
PITTSBURGH, PA 15237

Search Summary for Vandalia Health - Standard Package

Application Notes

Cancel

Submit →

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If you need to edit any of the information, you can do so by clicking one of the blue pencil icons. Otherwise, if the information looks correct, please click "Submit". After submitting your info, you will arrive at the confirmation page:

Confirmation

Thank you for completing your online background questionnaire. Your confirmation number is **16544180**. You may be asked for it if you need to contact Vandalia Health, Inc. at some future time. If you would like to print a copy of your Authorization or your Confirmation, please click on the appropriate button. If you have any questions regarding your consumer report, please contact our Consumer Report Agency (CRA), JD Palatine dba/JDP.

Thank You,
Vandalia Health, Inc.

Security Notice: It is strongly recommended that you close all browser windows to ensure that you are completely signed out.

JD Palatine dba/JDP
10675 Perry Hwy
#607
Wexford, PA 15090
Phone: 855-940-3232
Fax: 877-389-5105

Print Authorization

Print Confirmation

When you are finished, please close this browser tab or window.

Once you arrive at the 'Confirmation' screen, please feel free to "Print Authorization" or "Print Confirmation". Otherwise, please close the browser tab or window.



For any questions or for assistance, please contact JDP Client Services:

clientservices@jdp.com

855/940-3232

Client Service Hours: Monday - Friday 7:30am - 9:00pm ET