

**Oregon Institute of Technology - Respiratory Care Program**


You have three ways to order your background check certificate:

1. Fax the application to 800-503-2371 (requires credit card)

2. Mail in and send money order or cashiers check to:

MyBackgroundCheck.com  
P. O. Box 492770  
Redding, CA 96049

3. Online Application-Fastest! (Requires credit card) Visit us online at <http://www.MyBackgroundCheck.com>

Enter your Order Code (C2S38) and click on the  symbol

Click on [New User](#) and enter your personal information

Follow the on-screen instructions to complete your order

Your Background Check Certificate and report will be mailed to you and is available to be printed from our website. Your Background Check will be available online for 90 days from the date it is placed in your account.

The Background Check Certificate you receive can be photocopied and sent to as many individuals and/or organizations as you wish. Only the individuals and/or organizations you give your certificate number and shared password to will be able to view your background check results online.



MyBackground  
Check.com  
Applicant-Supplied Background Checks

**Certificate Of Verification**

The following applicant has paid for and completed the searches below:  
**John James Doe**

To view and validate the results go to <http://www.mybackgroundcheck.com> and enter the following code and password:

Certificate Number: 55  
Shared Password: password

For more information on this program please visit MyBackgroundCheck.com

### Oregon Institute of Technology - Respiratory Care Program Application for Personal Background Check

Many organizations require a background check to be completed prior to employment or the leasing of property. MyBackgroundCheck.com is designed to allow you to complete your own personal background check and submit it to whomever you wish. There is no limit to the number of copies of your background check certificate you can send to individuals or organizations.

First Name	Middle	Last	SSN#	Date of Birth	Drivers License #, State	Phone
Street Address			City	State	Zip	Email address
Previous Residences: Last 3	Street	City	State	Zip	From-To (mm/yyyy)	Alias (AKA)
Package:	<b>Student Clinical Placement Package <u>code (C2S38)</u> Social Security search, up to 2 names, 3 county criminal searches, sex offender search and an OIG/GSA search.</b>  <b>\$49.95*</b> <b>* Plus applicable court fees.</b>					
Credit Card Information: Circle 1	Card Type	Card Number	Name on Card		Expiration Date	Billing Zip Code
Signature		Date	Additional Comments or Instructions			

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