



**NATIONAL CENTER**  
**FOR SAFETY INITIATIVES**

# **ACCOUNT RESOURCE MANUAL**

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## LOGGING ON TO YOUR ACCOUNT

- 1) To access your account, please visit our website at <http://www.ncsisafe.com> and enter your user name in the “Account Manager Login” section on the lower left-hand side.

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**Creating Safety through Integrity, Vision and Technology**

**Our Mission:** To serve as a leading resource in an overall effort to eradicate harm to youth in organizations and communities across the globe through increased awareness, the creation of national standards, and the integration of fully-managed background screening programs.

- ❖ The programs and services of NCSI directly reduce the incidence of harm to children and protect youth-serving organizations from child predators. Our shared goal is the overall eradication of child abuse and molestation.
- ❖ NCSI's background screening programs are recognized as the "Standard of Care" in the youth-serving industry.
- ❖ NCSI was formed in partnership with the National Council of Youth Sports (NCYS), with the goal of significantly increasing the level of safety for our youth.

**Our Focus:** We offer a ground-breaking approach to background screening that focuses efforts, systems, and expertise on seven identified risk factors to help client organizations meet due diligence.

- ❖ Organizational Policies
- ❖ Selection of "Best-in-Class" Background Check Providers
- ❖ Procedures and the Application/Screening Process
- ❖ Subject Verification
- ❖ Interpretation of the Results, including "Red Light/Green Light" according to the NCYS Recommended Guidelines©
- ❖ Fair Credit Reporting Act (FCRA)\* Compliance
- ❖ Confidentiality/Record Storage Issues

**CIRCLE OF SAFETY**  
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INTEGRITY  
VISION  
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- 2) Once you enter your user name, it will ask for your account password. Please enter it in the space provided.

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**Login to Account Manager**

Please enter your password below and click the "Login" button.

Password


[Forgot Password?](#)


**Welcome**



- 3) Once your username and password are entered and accepted, you will need to click to agree to the terms of use. You will be prompted to agree to the Terms of Use Agreement each time you log into your account.


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### Terms Of Use Agreement

Welcome from to the web site of National Center for Safety Initiatives (NCSI) (referred to herein as the "site"). Please review the following terms carefully. If you do not agree to these terms, you should not review information, obtain goods or services from, or otherwise use the site.

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## You are now logged into your Account Manager Home

- 4) You are now at the Account Manager Homepage. Here you will be able to access the different areas of your account. You can always return to the Account Manager Homepage by clicking on “Account Manager Home” above the “Logout” button.

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**Account Manager**  
Welcome to the NCSI Account Manager for

**Great News!**  
National Center for Safety Initiatives is growing and, as of February 29th, we are moving to a great new location. In our new office, NCSI will continue to provide the highest level of care to you and all of the organizations we serve.  
  
We are doing everything possible to minimize business interruption during this time.  
  
Our toll-free phone number and website address remain same:  
(866) 833-7100 - Toll Free  
[www.ncsisafe.com](http://www.ncsisafe.com) - Website Address  
  
We have a new local phone number and two new fax numbers:  
(440) 542-9690 - Local Phone  
(440) 542-9936 - General Fax  
(440) 542-9833 - Compliance/Investigations Fax  
  
Our mailing address is:  
National Center for Safety Initiatives  
P.O. Box 39008  
Cleveland, OH 44139  
  
Thank you in advance for your understanding and for your business.  
We look forward to continuing to serve you.  
  
Yours in safety,  
--The NCSI Team

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[Account Resource Manual](#)  
  
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## VIEWING BACKGROUND CHECK DETERMINATIONS

- 5) From this page you can view the determinations of background checks that have been completed. When you are viewing determinations it will show them in three different forms, 1.) Pending (no determination has been made yet); 2.) Green Light. 3.) Red Light

From this screen you will be able to view the results of all applicants' determinations. If the background screening has been completed, you can click on their name to print a one-page Red Light or Green Light report. You will also be able to deactivate applicants who are no longer with your organization.

The filters along the top of this page allow you to limit the results by date range, Green Light, and Red Light results. If you want to search for a specific person, you can type in their last name. All filters are applied by clicking on the "Apply Filters" button.

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**Account Manager**

Welcome to the NCSI Account Manager for **(Organization's Name)**!

**Update:** NCSI has updated the coverage information for national database searches. To view the table, please click the "Provider Table" link in the "Quick Links".

NCSI is working hard to make accessing your account easier by providing you with this new tool. The Account Manager provides easy access via "Quick Links" to all your account functionality. Reporting capabilities, account alerts, and other features will soon be available.

**Quick Links**

- View Determinations
- Edit Account Settings
- Client Update Announcement
- Provider Table
- Contact NCSI Representative

**Welcome (Your Name)**  
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## Filter Results By

From:  To:  Status:

Account:

Last Name:  Results per page:

Self Registration  
Number:

[Apply Filter](#)

Name	Self Reg Batch	Determination	Determination Date	Applicant Status
(Your Applicant's, Name)		Red Light	6/27/2007	Active ( <a href="#">Deactivate</a> )
(Your Applicant's, Name)		Green Light	6/27/2007	Active ( <a href="#">Deactivate</a> )
(Your Applicant's, Name)		Pending	6/27/2007	Active ( <a href="#">Deactivate</a> )

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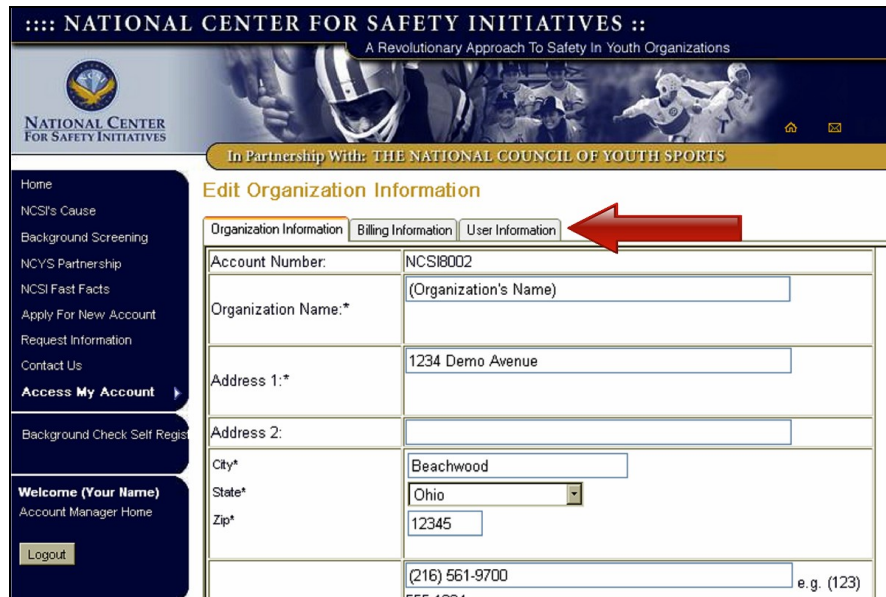
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## EDIT ACCOUNT SETTINGS

- 1) The account manager homepage, click on “Edit Account Settings” Under the Quick Links.
- 2) The three tabs at the top of this screen will allow you to manage your account information, mailing address, credit card information, and manage users on your account



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**Edit Organization Information**

Organization Information | Billing Information | User Information

Account Number: NCSI8002

Organization Name:\*

Address 1:\*

Address 2:

City\* Beachwood

State\* Ohio

Zip\* 12345

(216) 561-9700 e.g. (123) 555-1234

## EDITING ACCOUNT SETTINGS

### Organization Information Tab

In this section, you will be able to update your mailing address, phone numbers, and other organizational information.

### Billing Information Tab

If you pay for our background check services by credit card, you can update you credit card information in this section.

**Note:** If you pay by check, please ignore this section.

- 1) The account manager homepage, click on “Edit Account Settings” Under the Quick Links.
- 2) The Three tabs at the top of this screen will allow you to manage your account information and mailing address, credit card information, and manage users on your account

### User Information

This section will allow you to add additional users to your account and disable users who are no longer with your organization.

**To Add Additional Users:**



- 1) Scroll to the bottom of the webpage and click on “Add New User For My Organization”.
- 2) Complete the name, email, telephone numbers, User ID, and password for the new user.
- 3) Select the Access Level of the user.
- 4) Click “Saves Changes” at the bottom of the page.

**To Disable Existing Users:**


- 1) From the User Information tab, click on the “Edit” button next to the user to be disabled.
- 2) Scroll to the bottom of the page and click on the “Disable This User” button.
- 3) Click “Saves Changes” at the bottom of the page.

## **CLIENT UPDATE ANNOUNCEMENTS**

As we add additional tools and new features to our website, we will update the Client Update Announcement section of our website. This will provide useful information on the functionality of the website and our programs. You will also be able to view archived announcements through this link.

## COMPLETING BACKGROUND CHECKS

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- ❖ Fair Credit Reporting Act (FCRA)\* Compliance
- ❖ Confidentiality/Record Storage Issues



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securityMETRICS

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- 1) To complete a background check for an applicant, the applicant will need to visit our website (<http://www.ncsisafe.com>) and click on "Background Check Self Registration".

- 2) The applicant will need an 8-digit Self Registration Number to complete the background check.

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### Background Check Self Registration

#### Enter Your Self Registration ID Number

Eight digit number provided by the organization requesting  
you to complete this background screening.

Is this your first time using NCSI for a background screen? ☐ Yes ☐ No


Do you have a valid U.S. Social Security Number? ☐ Yes ☐ No

NCSI recommends the use of the following browsers for the self registration process - Internet Explorer, Mozilla Firefox,  
Netscape, or Opera.

Attention Macintosh users: There are known problems with the Safari browser and our self registration  
process. NCSI recommends the use of the Mozilla Firefox browser for the self registration process until the  
problems for Safari can be fixed.

- 3) Once they enter the information above it will begin to ask them a series of Identification questions. The questions must be filled out completely or the page will not move on.

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**Background Check Registration for NCSI Demo Account**

Thank you for participating in the background screening process. Once your application has been completed and submitted, you will arrive at a confirmation page as well as receive a confirmation email sent to the email address provided.

**Identity Information Form** \* Indicates a required field

**Legal Name and Identity Information**

\*Legal First Name:

Legal Middle Name:

\*Legal Last Name:

\*Re-Enter Last Name:

Legal Suffix:

\*This has been your legal name since:

\*Are there any other legal names you are or were known by? (Minimum 5 year history)

\*Social Security Number:  -  -

\*Re-Enter SSN:  -  -

\*Date of Birth     MM - Mon DD

\*Re-Enter Date of Birth     MM - Mon DD


\*Gender ☐ Male ☐ Female

- 4) If they have been known by any other legal name, they must select yes to “Are there any other legal names you are or were known by? (Minimum 5 year history). When they answer yes, it will require them to enter additional name information. They must fill out the complete name history for the page to move on.


5) After completing the Identification Information they will move on to Address History.

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Residential Address Information

\* Indicates a required field

This program requires a minimum 5 year address history. Please fill out the following address information completely. Please enter all residential addresses that relate to you for the required time period. Use the "Enter Additional Addresses" link as needed.

Current Physical Street Address

(No PO Box please, if you have a PO Box, please choose 'No' this is not your mailing address)

\*Country: UNITED STATES

\*Street Address:

Apt. Number:

\*City, \*State, \*Zip

\*County Please fill required address fields in first

\*From Year: YYYY

Is the above address also your current mailing address? ☐ Yes ☐ No

Enter Additional Addresses

Continue Back

Residential Address Information

\* Indicates a required field

This program requires a minimum 5 year address history. Please fill out the following address information completely. Please enter all residential addresses that relate to you for the required time period. Use the "Enter Additional Addresses" link as needed.

Current Physical Street Address

(No PO Box please, if you have a PO Box, please choose 'No' this is not your mailing address)

\*Country: UNITED STATES

\*Street Address:

Apt. Number:

\*City, \*State, \*Zip

\*County Please fill required address fields in first

\*From Year: YYYY

Is the above address also your current mailing address? ☐ Yes ☒ No

Current Mailing Address

\*Country: UNITED STATES

\*Address/PO Box:

Suite / Apt #:

\*City, \*State, \*Zip

\*From Year: YYYY

Enter Additional Addresses

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- 6) In the address history they must provide complete information or the form will not let them move on. This includes full time period information as well as physical and mailing addresses if they are not the same.

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required time period. Use the "Enter Additional Addresses" link as needed.

**Current Physical Street Address**  
(No PO Box please, if you have a PO Box, please choose 'No' this is not your mailing address)  
\*Country:   
\*Street Address:   
Apt. Number:   
\*City, \*State, \*Zip     
\*County:   
\*From Year:

\*Is the above address also your current mailing address? ☐ Yes ☒ No


**Current Mailing Address**  
\*Country:   
\*Address/PO Box:   
Suite / Apt #:   
\*City, \*State, \*Zip     
\*From Year:


**Previous Address(es)**  
\*Country:   
\*Street Address:   
Apt. Number:   
\*City, \*State, \*Zip     
\*County:   
\*From Year:  \*Thru Year:

[Enter Additional Addresses](#) [Remove](#)

- 7) Once fully completing the information they will move on to criminal history page.

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**Criminal History Information**  
\* Indicates a required field

**\*Please answer all of the following questions regarding your criminal history.**

Note: An answer of yes to any of the following questions will require details concerning where and when the incident occurred and may result in your disqualification.

Any felony?  
☐ Yes ☐ No

Any lesser crime involving force or threat of force against a person?  
☐ Yes ☐ No

Any lesser crime in which sexual relations is an element?  
☐ Yes ☐ No



Any lesser crime involving controlled substances (not paraphernalia or alcohol)?  
☐ Yes ☐ No

Any lesser crime involving cruelty to animals?  
☐ Yes ☐ No


- 8) On the criminal History page, if they answer yes to any of the questions, they will be required to

fill in the information requested.

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Criminal History Information

\* Indicates a required field

\*Please answer all of the following questions regarding your criminal history.

Note: An answer of yes to any of the following questions will require details concerning where and when the incident occurred and may result in your disqualification.

Any felony?

☒ Yes ☐ No

Any lesser crime involving force or threat of force against a person?

☐ Yes ☒ No

Any lesser crime in which sexual relations is an element?

☒ Yes ☐ No

Any lesser crime involving controlled substances (not paraphernalia or alcohol)?

☐ Yes ☒ No

Any lesser crime involving cruelty to animals?

☒ Yes ☐ No

The below information is required if you answer yes to one of the above questions.

\*Country

UNITED STATES

\*City

\*State

\*County

Please fill in country and state drop downs

\*Offense Date

YYYY

MM - Mon

\*Details  
(Nature of  
offense/final  
disposition,  
maximum of 1500  
characters)

- 9) Once they have completed all the information required, it will ask them to check their information entered and certify that the information is correct.

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Important: Please review the information you entered to make sure its accurate. Incomplete and/or incorrect information may result in the need for you to resubmit for your background check at your expense and cause delays in processing.

Identity Information

Modify Identity Information

Legal Name

Social Security Number

Date of Birth

Gender

Phone

Email Address

Address Information

Modify Address Information

Current Address

Criminal History Information

Modify Criminal History

All criminal history questions were answered 'No'.

☐ By checking this box, I agree that all of my information on this application is true and complete.

Continue



- 10) After they certify that the information they entered is correct, they will need to give their consent and Authorization to the background screening.

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Background Check Consent and Authorization for the Following Applicant

Legal Name:

SSN:

Date of Birth:

Consent & Authorization

I hereby give my full consent and permission to NCSI Demo Account in order to obtain information relating to my criminal history and any other applicable records through National Center for Safety Initiatives LLC and their agents. The records as received by the reporting agencies may include but not limited to criminal records, motor vehicle records, social security verification, consumer reporting agency records, education records, as well as plea bargains, deferred adjudications, and delinquent conduct committed as a juvenile. I understand that this information will be used in part to determine my eligibility for a coach, volunteer or staff/board or other employment position within this organization. I also understand that as long as I remain in such capacity here, the above mentioned record checks may be repeated at any time. I understand that I will have an opportunity to review the records as received by NCSI Demo Account and a procedure is available for clarification if I dispute the records that have been received. I also understand that the records received could contain information presumed expunged.

I do for myself, my heirs, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify National Center for Safety Initiatives LLC and NCSI Demo Account, each of their officers, directors, employees, volunteers and agents and hold them harmless from and against any and all causes and actions, including but not limited to: suits, liabilities, costs, debts, and sums of money, claims, and demands whatsoever and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to serve.

☐ By checking this box, I acknowledge that I have read, fully understand, and consent to these terms and conditions and that I accept and submit this information voluntarily.

☐ I agree to the [Terms of Use](#) and [Privacy Policy](#) of this Website and I have read and understand my rights under [FCRA](#).

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- 11) After giving their consent and authorization it will give them a applicant ID number that is 16 digits, this number can be used to when contact us about any issues with their background screen.


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password?

Please be patient while we process your request.  
Clicking back or refresh will not stop or speed up the processing of your request!

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**Background Check Registration for NCSI Demo  
Account**

  
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Background Screening  
NCYS Partnership  
NCSI Fast Facts  
Apply For New Account  
Request Information  
Contact Us

**Background Check  
Self Registration**

Account Manager Login  
Username   
  
Where do I enter my  
password?

**Background Check Confirmation**

Your background check information has been submitted for processing. Please print this page and keep it for your records.

Applicant ID Number: 7846-1897-6220-7462

If you have any questions please contact our Applicant Services at (866) 833-7100 and refer to your Applicant ID Number above.

## PROVIDER TABLE

The Provider Table lists our sources of information in each state. Such examples may include: Department of Corrections, Administrative Office of Courts, District Courts, etc. If you have questions on the source of our background check information, please check this table for more information.

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**Account Manager**

Welcome to the NCSI Account Manager for (Organization's Name)!

**Update:** NCSI has updated the coverage information for national database searches. To view the table, please click the "Provider Table" link in the "Quick Links".

NCSI is working hard to make accessing your account easier by providing you with this new tool. The Account Manager provides easy access via "Quick Links" to all your account functionality. Reporting capabilities, account alerts, and other features will soon be available.

**Quick Links**

- View Determinations
- Edit Account Settings
- Client Update Announcement
- Provider Table
- Contact NCSI Representative

Welcome (Your Name)  
Account Manager Home

Logout

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## CONTACTING NCSI

- 1) You may send an email to Client Services directly from the website by clicking on "Contact NCSI Representative" on the Account Manager Homepage.

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2) Alternatively, you may also contact us by mail, telephone or fax:

Address: National Center for Safety Initiatives  
Attn: Client Services  
PO Box 39008  
Cleveland, OH 44139

Toll Free: (866) 833-7100

Phone: (440) 542-9690

Fax: (440) 542-9833