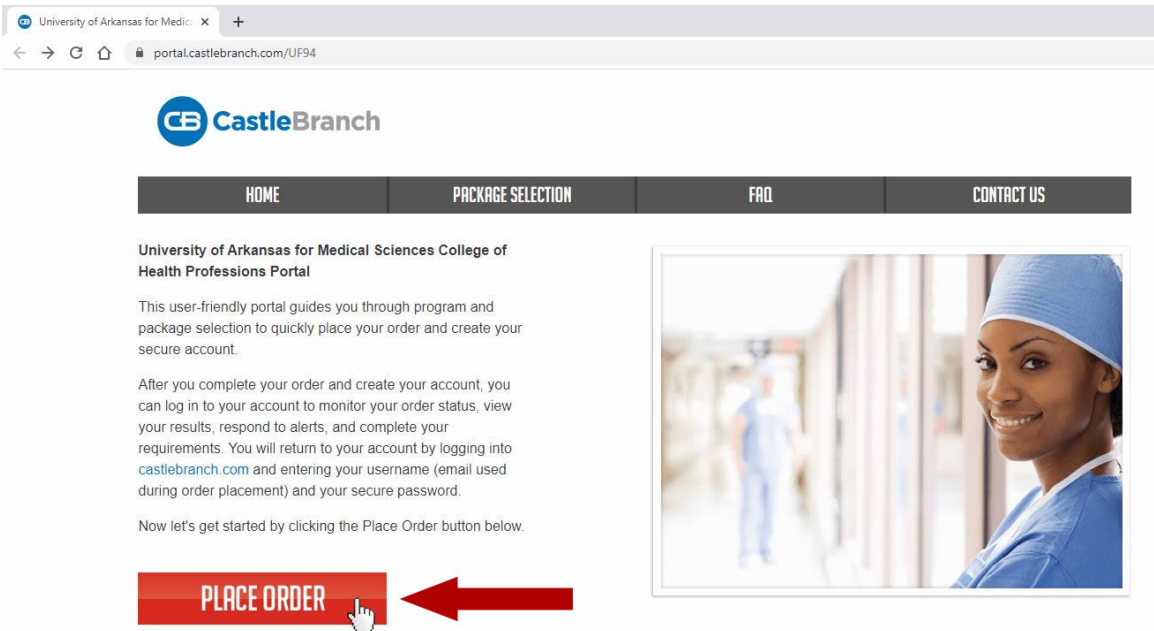
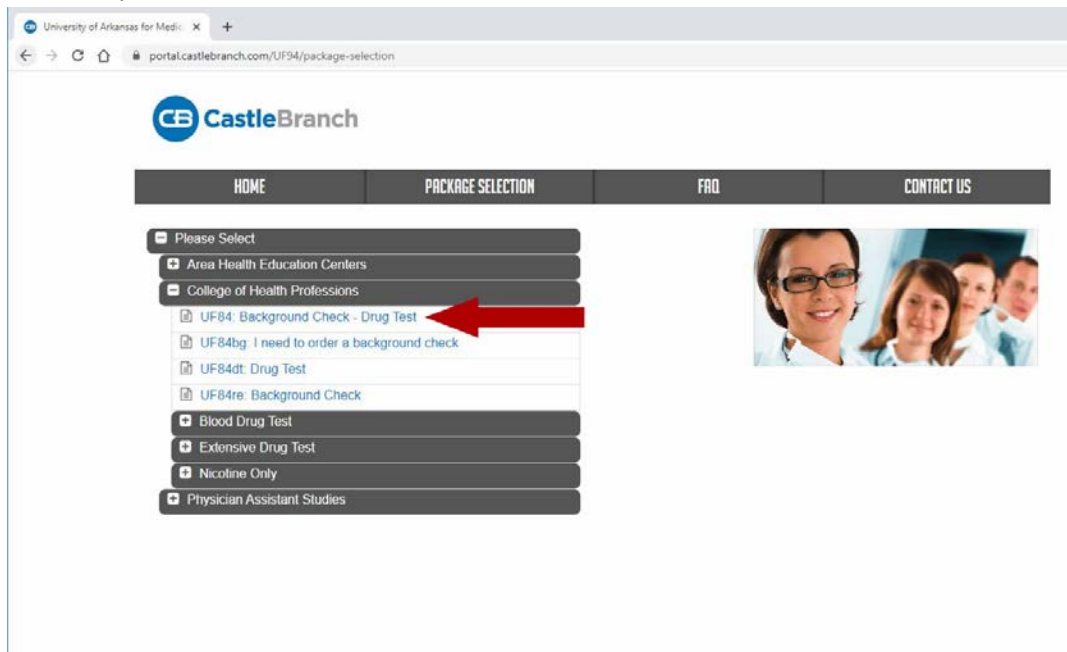


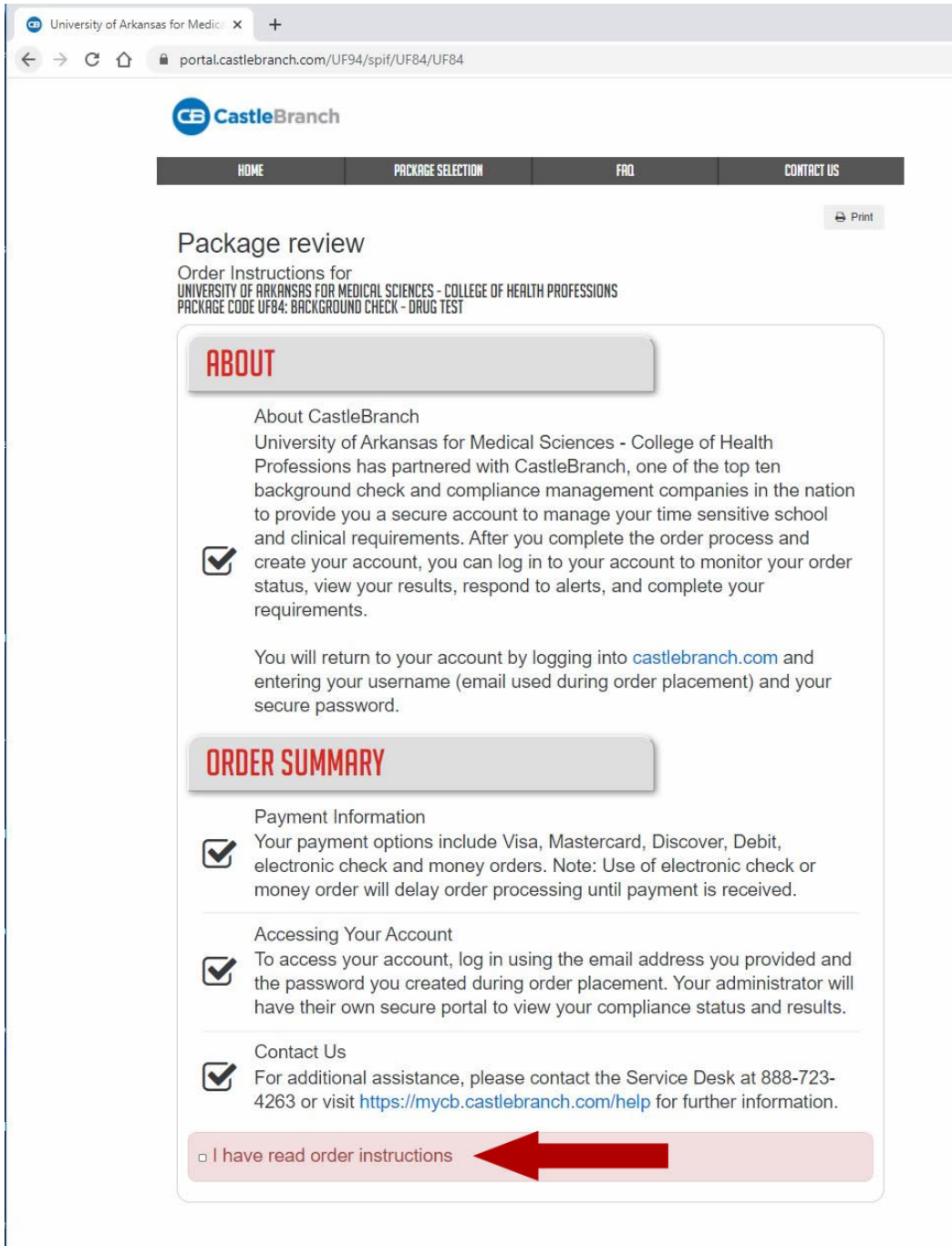
1. Click [THIS LINK](#) to get to the CastleBranch ordering page



2. Expand the menu and choose College of Health Professions, then choose UF84 (PA students should click Physician Assistant Studies and choose UF19 instead)



3. Read the order instructions and click the checkbox at the bottom. That will cause a button to appear to allow you to advance to the next page.



University of Arkansas for Medic... x +

portal.castlebranch.com/UF94/spif/UF84/UF84

CastleBranch

HOME PACKAGE SELECTION FAQ CONTACT US

Print

Package review

Order Instructions for
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - COLLEGE OF HEALTH PROFESSIONS
PACKAGE CODE UF84: BACKGROUND CHECK - DRUG TEST

ABOUT

About CastleBranch
University of Arkansas for Medical Sciences - College of Health Professions has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.


You will return to your account by logging into castlebranch.com and entering your username (email used during order placement) and your secure password.

ORDER SUMMARY

Payment Information
 Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account
 To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us
 For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.

I have read order instructions 

- Review the purchase details, click the checkbox, and click the Continue button



Please Review

University of Arkansas for Medical Sciences - College of Health Professions includes the following package contents:

Package: UF84
County Criminal
Nationwide Healthcare Fraud And Abuse Scan
Drug Test
Nationwide Record Indicator with SOI
Social Security Alert
Residency History

Package Cost: \$80.75

Additional Information

IMPORTANT REMINDER: On the next page, under the "Student Information" section please select the classification that applies to you. This will be your program name and the year that you started this program.

The package price above includes a search of your current county of residence. If any additional counties are found associated with your name, they will be performed at no additional charge.

The package price above includes researching records under your current name and any additional names you may have used, if applicable.

Click the button below to continue your order and create your myCB account. You will access your account to manage your order and view your results. If you already have a myCB account, you will have the option to log in.

I have read, understand and agree to the [Terms and Conditions of Use](#).



Continue

- 5. Fill out your personal details on this screen. At the bottom, be sure to choose the correct program and admission year that matches up with the program to which you've been admitted. Click the Next button when done and then follow CastleBranch's instructions to finish and pay for your order.



Contact Us Logout

Place Order:



PERSONAL INFORMATION

Legal First Name: *

Legal Middle Name: *

No Middle Name
As the applicant, I certify that I do not have a legal middle name. Alternatively, if I am placing this order on behalf of the applicant, I certify to the best of my knowledge, that the applicant does not have a legal middle name.

Legal Last Name: *

Suffix:

Phone: *

Alt Phone:

Email Address: *

Confirm Email: *

Country: *

Address 1: *

Address 2:

City: *

State: *

Zip Code: *

Important: The email address you provide will be used for important order communication. Please enter your valid email address and look for an immediate confirmation email after submitting your order. If you do not see your confirmation email please check your SPAM or Junk folder.

PERSONAL IDENTIFIERS

Social Security Number: * - - If you are not a US citizen and therefore do not have a Social Security Number, please enter 111-11-1111 to proceed with your order

Date of Birth: * / / placement mm dd yyyy

Sex: Female Male

STUDENT INFORMATION

Designation: Undergraduate Graduate

Degree/Certification:

Expected Date of Graduation: /

Classification:



* Indicates required information

Next