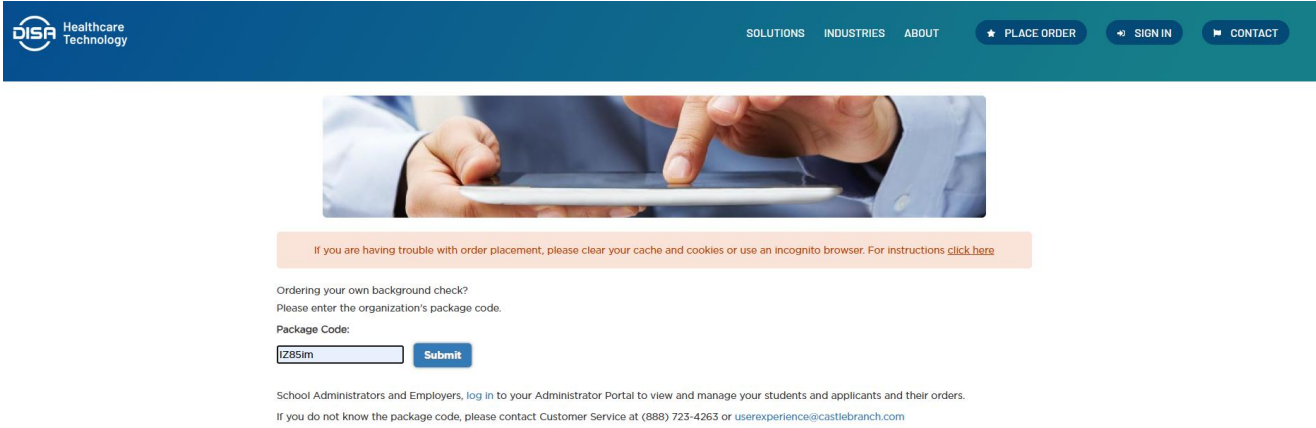


How to Create Your CastleBranch General Tracker:

1. To get started, click on the link to begin:

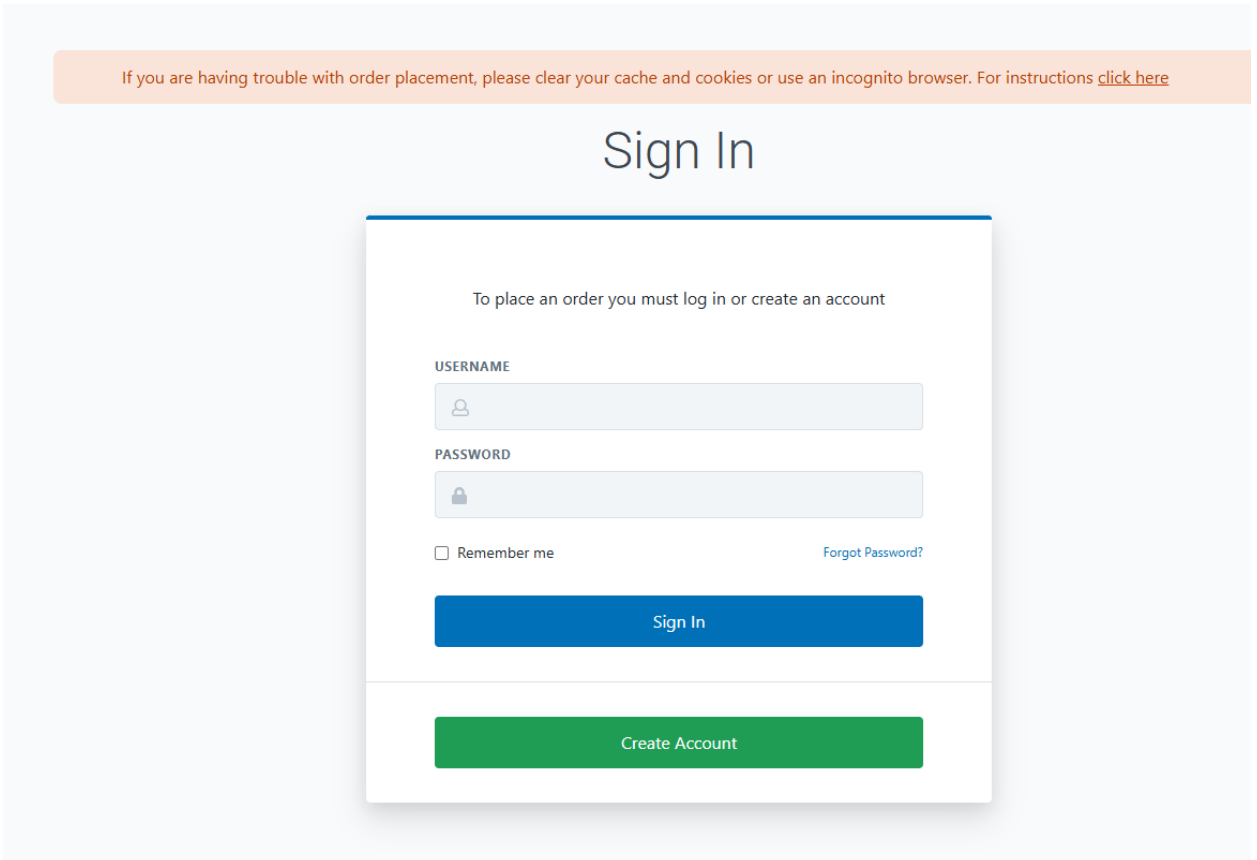
https://www.castlebranch.com/online_submission/package_code.php.

When the page opens, type the package code **IZ85im** into the box and click **Submit**.



The screenshot shows the top navigation bar of the CastleBranch website. On the left is the logo for DISA Healthcare Technology. On the right are links for SOLUTIONS, INDUSTRIES, ABOUT, PLACE ORDER, SIGN IN, and CONTACT. Below the navigation bar is a banner image of a person using a tablet. A message in a light orange box reads: "If you are having trouble with order placement, please clear your cache and cookies or use an incognito browser. For instructions [click here](#)". The main content area contains the text: "Ordering your own background check? Please enter the organization's package code." Below this is a "Package Code:" label, a text input field containing "IZ85im", and a blue "Submit" button. At the bottom, there is a note: "School Administrators and Employers, [log in](#) to your Administrator Portal to view and manage your students and applicants and their orders. If you do not know the package code, please contact Customer Service at (888) 723-4263 or userexperience@castlebranch.com".

2. Next, click **Create Account**.



The screenshot shows the "Sign In" page of the CastleBranch website. At the top, a light orange message box reads: "If you are having trouble with order placement, please clear your cache and cookies or use an incognito browser. For instructions [click here](#)". The main heading is "Sign In". Below the heading is a white box with a blue border containing the text: "To place an order you must log in or create an account". The form includes a "USERNAME" field with a person icon, a "PASSWORD" field with a lock icon, a "Remember me" checkbox, and a "Forgot Password?" link. At the bottom of the form are two buttons: a blue "Sign In" button and a green "Create Account" button.

3. On the User Profile page, enter your email address, create a password, and click **Next**.

User Profile

Please complete your user profile in order to continue.

1 ————— 2 ————— 3

Email Address *	Confirm Email Address *
<input type="text" value="ShemonT@trocaire.edu"/>	<input type="text" value="ShemonT@trocaire.edu"/>
Password *	Confirm Password *
<input type="password" value="....."/>	<input type="password" value="....."/>

Password must be at least 6 characters long and contain at least one letter and one number.

All fields marked with * are required


[Next](#)

4. Then, fill out your personal information and click **Next**.

User Profile

Please complete your user profile in order to continue.

1 2 3

Legal First Name *	Trocaire	Legal Middle Name	
Legal Last Name *	Student	<input checked="" type="checkbox"/> No Middle Name	<i>As the applicant, I certify that I do not have a legal middle name.</i>
Suffix		Maiden Name	<input checked="" type="checkbox"/> No Maiden Name
Phone Number * 	(716) 827-2579	Phone Extension	
Street Address *	360 Choate Ave	Apt/Suite #	
Country *	United States	City *	Buffalo
State *	New York	Zip *	14221

All fields marked with * are required

Next

5. On the next page, choose your security questions, enter your answers, and click **Complete**.

User Profile

Please complete your user profile in order to continue.

✓ ————— ✓ ————— 3

Please choose your security questions in case you lose access to your account.

Question 1 *

What was the street name you grew up on? ⌵

Answer *

Choate

Question 2 *

What was the name of the company for your first job? ⌵

Answer *

Trocaire College

Question 3 *

What city was your first elementary school located? ⌵

Answer *

Buffalo

All fields marked with * are required

[Back](#) [Complete](#)

6. On the confirmation page, **check the box** and click **Continue**.



Please review

Trocaire College - General Requirements includes the following package contents:

Package: IZ85im

Medical Document Manager CRR

Additional Information

This package includes document review. At the end of the order process, you will be prompted to upload specific documents required by your school for review and approval.

CastleBranch is the primary health and immunization management system through Trocaire. To ensure the College and your academic program are able to track your compliance, please use your Trocaire email address during sign up. Thank you.

Review the information above for accuracy, ensuring your school/employer information is correct. Once reviewed, click the button below to continue your order. Once your order is complete, you will receive an email confirmation with details on how to access and manage your information.

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

Continue

7. Next, you will need to enter your PIN. Your PIN is the last 5 digits of your Trocaire Student ID number. Then click **Next**.



[Contact Us](#) [Logout](#)

Place Order:



PERSONAL IDENTIFICATION NUMBER

Please enter your Personal Identification Number (PIN): *

* Indicates required information

Next

8. On the next page, review your personal information, then input your personal identifiers and student information. Click **Next**.

Place Order:



Important! Your order will be processed with the information provided below. Review ALL personal information and make any applicable changes before submitting to avoid delays, incomplete reports, or the potential for additional orders.

PERSONAL INFORMATION

Legal First Name	Country
Toscato	United States of America
Legal Middle Name	Address 1
NA	380 Croake Ave
Legal Last Name	Address 2
Student	NA
Suffix	City
NA	Buffalo
Phone	State
(716) 827-2579	NY
Alt Phone	Zip Code
NA	14221
Email Address	
SHEMONI@HOCARE.EDU	

[Edit Order Information](#)

PERSONAL IDENTIFIERS

Social Security Number *

111 — 11 — 1111

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 placement

Date of Birth

MM* / DD* / YYYY*

01 / 01 / 2000

Sex

Female Male

STUDENT INFORMATION

Designation

Undergraduate Graduate

Degree/Certification

Nursing

Expected Date of Graduation

05 / 2020

* Indicates required information




Important! Your order will be processed with the information provided above. Review ALL personal information and make any applicable changes before submitting to avoid delays, incomplete reports, or the potential for additional orders.

[Next](#)

9. On the Medical Document Manager page, click **Next**.

Place Order:



Go Back

MEDICAL DOCUMENT MANAGER CRR

Name *


Trocaire Student ▾

* Indicates required information

Next

10. On the Order Review Page, click **Submit**.

Place Order:



Go Back

ORDER REVIEW

School Name: Trocaire College - General Requirements
CAC: IZ85

Personal Information:
Your Name: Trocaire Student
DOB: 01-01-2000
SSN: 111-11-1111

ORDER INCLUDES

IZ85im
Medical Document Manager CRR
↗ Name: Trocaire Student

* Indicates required information

SUBMIT

11. After submitting your order, click **Next**.

Place Order:



ORDER CONFIRMATION

Thank you.

Your order has been submitted.

[Print Confirmation Page](#)

Next Steps:

1. Click "next" below to access your account. Select "myCB" from your home Dashboard to determine if you have additional items to complete
2. You will receive an email with your order confirmation attached.
3. Your order confirmation can also be accessed through your myCB Document Center.
4. To log into your myCB account, navigate to login.castlebranch.com where you will be prompted to enter your username and secure password. From your home dashboard, please select myCB. You can also access myCB by downloading the myCB app to your iPhone. From within your account you can take action on any pending requirements and view final results.
5. Explore myCB for the other value-add features and benefits provided to you by myCB.
6. For assistance, access the Need Help? menu within your account or [support](#).

Next

REAL VACCINATION ID

Your passport to the world awaits.

Need physical proof that you've received the COVID-19 vaccine to gain entry to school, work, events and public places? What if you are declining vaccination due to a medical, religious, or philosophical objection and need a safe, secure, and convenient way to instantly share vaccination status information upon request?

Order a Real Vaccination ID - COVID-19 Vaccination Card or COVID-19 Waiver Card - to validate vaccination status. Each card features an individual's photo, personal information and identifiers, and documentation supporting vaccination or waiver. Sophisticated anti-counterfeit technology on the laminated card prevents fraud and forgery, while a QR code and unique access PIN provide instant digital access to primary source documents for additional validation anywhere, anytime.

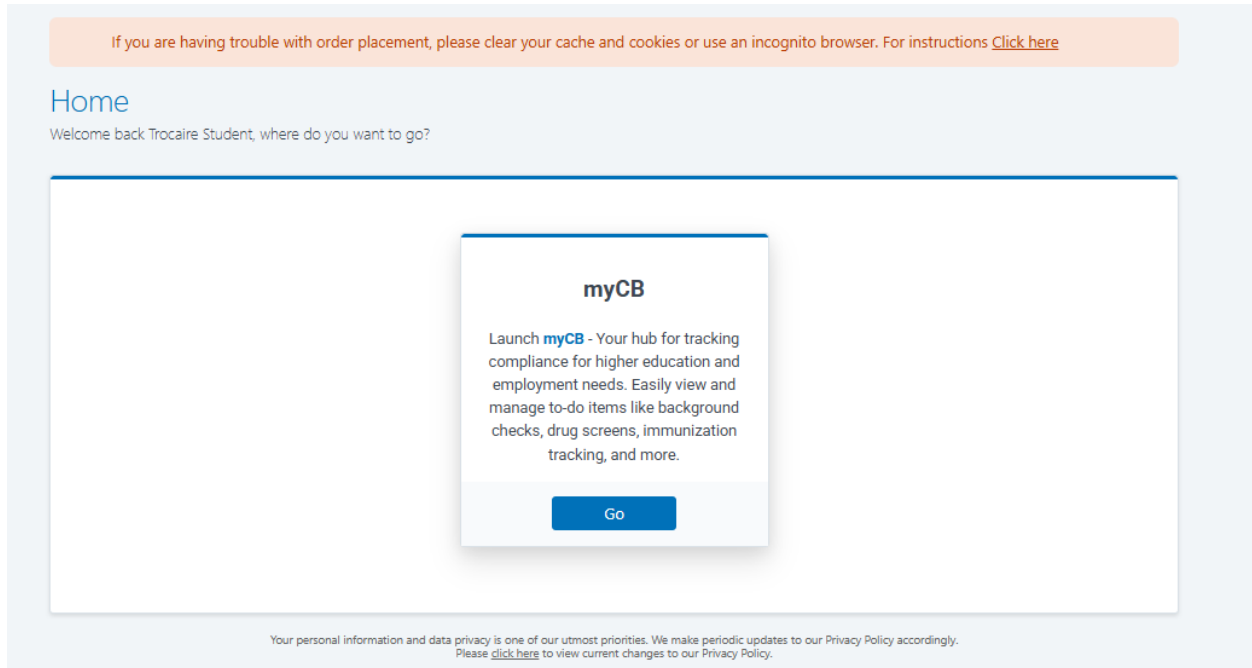
- Cards printed using some of the same anti-counterfeit technology found in state driver's licenses to prevent fraud.
- Durable and easy to carry without the fear of damage, fading or destruction.
- Data is secure and in your complete control - will not be sold or distributed to third parties. It's your identity - you decide how it's used.
- Display Real Vaccination ID: COVID-19 Vaccination Card or COVID-19 Waiver Card on a lanyard or as a badge to quickly show the world your vaccination status.

Purchase a Real Vaccination ID

Order COVID-19 Vaccination Card

Order COVID-19 Waiver Card

12. When your account is activated, you will be taken to your myCB home page. Click **Go**.



13. Your personalized dashboard will list all of the health and immunization records you are required to submit for enrollment, under “To-Do Lists”

