How to "Resume" Safe Environment Curriculum to complete CANTS & Background Check Requirements

- 1) Log in to your account at <u>https://peoria.cmgconnect.org/users/sign_in</u>.
 - If you do not remember your login credentials and have a valid email address on file, you can use the *Forgot Username* and *Forgot Password* options under the Sign In button.
 - For additional assistance logging in, please contact your local Safe Environment Coordinator or submit a request for assistance via the blue "Support" button found in the lower right corner of the Account Login page.

Account	Login
Username	
Password	
Remember Me	
Sign i	'n
Forgot Username?	Forgot Password?

2) Locate the *Safe Environment Training* module assigned to the Required Trainings area of your main dashboard area. Click the yellow **Resume** button to open the module and finish the remaining pages.

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	Expires Every 5 Years	Equive Every 5 There	Espine Every 1 North		
	A. Safe Environment Training - Peoria	Driving Requirements - Peoria	A. Sexual Harassment and the Peoria	Church -	
	Includes: Safe Haven It's Up to You video segments and questions: policy acknowledgement and background check.	ncludes: Be Smart - Drive Safe II video: titunteer Driver quastions; 11-15 Passanger Ian policy acknowledgement; Chu	Includes: Preventing Sexual Harassn	nant video	
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- 3) If you have not already completed the training videos, questions, and review of Diocesan policies, please progress through those. (Each page will be marked with a green checkmark as your progress is saved.)
 - The last pages of the curriculum contain all the information you need to complete both the CANTS <u>and</u> online Background Check screening requirements for the Diocese of Peoria.
- 4) CANTS Screening: The Authorization for DCFS Background Check page contains the form to fulfill your CANTS screening requirement. Completion of this form is NOT submitted automatically or done via the CMG Connect platform. You MUST print and complete the authorization form then send a scanned copy of the signed and completed document to <u>cantspeoriadiocese@gmail.com</u> or your Safe Environment certification will NOT be completed.
 - Continue to the online Background Check submission page by clicking *I Understand and Agree...* under the form (outlined below).

		A. Safe Environment Training - Peoria Expires every 5 Years Estimated Completion Time (hours): 2.0		
Overview Training information and results		NOTE: Please PRINT and complete the form below. You must send a scanned copy of the sig	gned and	
Training Notice Question/Answer Page		completed document to cantspeorla@gmail.com to fulfill your safe Environment requireme	ents.	
Safe Haven - It's Up to You 1 Video Page	M	$\square \qquad \bigcirc \qquad $	8 CB # :	»
Safe Haven Questions 1 Question/Answer Page	M	CF5 689 Rev 7/2012 State of Illinois		
Safe Haven - It's Up to You 2 Video Page	M	Department of Children and Family Services AUTHORIZATION FOR BACKGROUND CHECK Child Abuse and Neglect Tracking System (CANTS)		
Safe Haven Questions 2 Question/Answer Page		For Programs NOT licensed by DCFS		
Safe Haven - It's Up to You 3 Video Page		Please contact your licensing representative. Please type or write legibly. Name:		
Safe Have Questions 3 Question/Answer Page	M	Date of Birth: Gender: Male Female Race:		
Harassment Policy Read and Admowledge Page		Current Address:Street / Apt #		
Allegations of Sexual Abuse of Minors Policy Read and Admowledge Page		City State Zip Code		
Bullying Policy Read and Admowledge Page	M	OR If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois. Date:: From / To		~
Communication Policy Read and Admowledge Page	M	I Understand and Agree to the Above Terms		
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- 5) Background Check Screening: Click the "Select Payment Option" box to choose either *Paid by User* or *Paid by Diocese* from the drop-down list. Once you have made your selection, click **Proceed to Background Check** to continue.
 - **NOTE**: If you select the "Paid by User" option, your background check will not be sent for processing until AFTER your credit card payment details are provided.

Background Check Payment

Welcome to the Arch/Diocesan background check processing area. You are now able to help your parish or school by contributing to the base background check cost. Please consider how this generous contribution can help your location.

Thank you for your service to the Church.

If you choose to pay for the background check, the process is as follows: 1) Enter your background check information. 2) Provide payment information.

If choosing to pay for the background check, your background check will be processed upon successful payment. If you experience any issues while submitting payment, please contact cmg_support@fuzati.com.

Please note that the total cost that you will be charged for a background check is \$9.0. This consists of \$6.0 for the background check and \$3.00 in charges. Please note that these charges will show up on your statement as "Fuzati / CMG Connect".

Proceed To Background Check

×

Payment Option

Select Payment Option

This field is required.

6) Confirm that all of the required fields—marked with an asterisk (*)—are complete and accurate. This will include your full name, address, date of birth, phone number, and SSN.

- If you **DO** have a middle name, please un-check the "I do not have a middle name" box (highlighted in **GREEN**).
- If you **DO NOT** have a middle name, make sure to select the check box to change the Middle Name field to non-required. (Look for the asterisk next to Middle Name to go away to indicate the field is no longer required. This may require reselecting the checkbox.)

• Select the checkbox acknowledging the Terms & Conditions.

* Please enter your name as listed on you	r government issued identification		
First Name <u>*</u>	Middle Name 🚺	Last Name <u>*</u>	
Test	✓	Account	 Image: A start of the start of
Maiden name			
Address 1	Addre	55 2	
123 Sample Ave	✓		
City .*	State <u>*</u>	Zipcode <u>*</u>	
Peoria	✓ [IL	∞ 12345	 ✓
Phone :			
000-000-0000			~
Date of Birth :			
2009	V December		\$
Social Security Number *	*Confi	rm Social Security Number	
000-00-0000	000-	00-0000	
I am completing this BG check on behalf	of this location *		
Spalding Pastoral Center - Peoria			-
I agree to terms and conditions Read to	erms And conditions		
If you are a resident of the CA_ME_MA_I	/N. NJ. NY or WA. click here to view state sneci	fic information.	
	Submit Background Check	Request	

7) After you have successfully completed all of the required fields, the **Submit Background Check Request** button will be activated for you to click.

• If you chose the *Paid by Diocese* option in step 5, continue to step 9.

8) If you selected the *Paid by User* option in step 5, you will be shown the screen (shown right) after clicking **Submit Background Check Request**.

You must submit your credit card payment details then click the blue **Pay \$9.00** button for your background check to process. Payment information entered on this page will not be saved in any way on the CMG Connect platform.

• If you reach this payment page and decide that you no longer want to cover the cost of your background check, click **Cancel**. You will be prompted to complete step 7 again.

Price \$9.00		
Credit or debit card		
Card number		MM/YY CVC
Name	Jane Doe	
Address	77 Winchester Lane	
Address (cont.)		
City		
State		
ZIP		
Country	United States	
Pay \$9.00		Cancel

9) You will see a confirmation page after clicking the Submit button (shown right). To confirm that your information has been successfully sent for processing, please check that the *Date Submitted* line has the current date listed.

Note: Please note that your background check will be submitted after all aspects of this curriculum are completed. This includes attendance at any live trainings when applicable.

Your Background Check details have been Submitted

You information has been submitted and we are awaiting the response from the Background Check Service Provider. After we have received that background check from the provider, this page will be marked as complete. Thank You.

The details that have been submitted are as follows:

Name:	Your Full Name
Address:	Your Address
Location:	Your Address (City, State, ZIP)
Phone:	Your Phone Number
Date of Birth:	Your Date of Birth
SSN:	XXXX
Date Submitted:	Current Date Here
	Fair credit reporting act disclosure document