

OADN 2021 CONVENTION CB Real Vaccination ID Order & User Guide



Thank you for your interest in ordering a Real Vaccination ID for the upcoming OADN 2021 Convention.

PLACING AN ORDER

- 1. To place your Real Vaccination ID order, please visit: <u>https://realvaccinationid.com/OADN2021</u>.
- 2. Once you navigate to the site, please select **one of three** "**Register**" buttons that applies to you in order to proceed to the package review screen.



CB CastleBranch





 You will see the package contents and description, check the box confirming you have read CastleBranch's Terms and Conditions, and then select the "Continue" button at the bottom of the screen.





4. Enter your personal information, required for order placement, then select the "**Next**" button at the bottom of the screen. *Please Note:* All required fields are indicated with a *.

| CE Cast | le Branch | Contact Us Logout |
|---|------------------|--|
| Place Ord | ler: | Chat With Us 5 6 |
| PERSONAL INI Legal First Name: Legal Middle Name: Suffic: Phone: Alt Phone: Email Address: Contry: Address 1: Address 1: Address 2: City: State: Zip Code: | CORMATION | If I am placing this applicant does not Important: The email address you provide will be used for important for an immediate confirmation email after submitting your order. If you do not see your confirmation email after submitting your order. If you do not see your confirmation email please check your SPAM or Junk folder. |
| PERSONAL IDE Social Security Number:* Date of Birth:* Sex: | ENTIFIERS | afore do not have a Social Security Number, please enter 111-11-1111 to proceed with your order |
| * Indicates required infor | mation | Next |



5. Create your **myCB** account by choosing and confirming a password. Your username will be the email address you entered on the previous screen. Please select the "**Create Account**" button at the bottom of the screen to continue.

| CB Castle | Branch | | | | | |
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| Place Orde | er: | | | | | |
| | 2 | 3 | 4 | | | |
| CastleBranch i your myCB use credentials wil | s committed to sec rname is your ema l be required to acc | urely storing il address. P ess your acc | your informa lease create count in the fu | ation. As sł a passwor uture. | nown below, d. These | |
| *All of the form fields are n | equired | | | | | |
| Email Address: This email address is your | username. | | | | | |
| *Username: | SarahJones@cbtest.com | | | | | |
| Password: | | | | | | |
| *Password: | | Passwords are case long. | e-sensitive and must be at lea | ast 8 characters | | |
| *Confirm: | | | | | | |
| | | | | | Create Account | |

 Confirm your name, which is pre-filled based on what you previously provided within the **Personal Information** screen. This will be the name that appears on your printed **Real Vaccination ID** card. Please select "**Next**" to continue.





7. Review and confirm your order, then select "Submit."



8. The next screen is an Order Confirmation that you can print or download if you desire. You will also receive a copy of your order confirmation at the email provided during order placement. Please select "Next" to enter your simplified access online dashboard. From here you will be able to access your myCB account and complete your Real Vaccination ID requirements. *Please Note:* Your order for your Real Vaccination ID will only be fulfilled after you have completed these requirements, as this is how CastleBranch receives the details pertinent to your ID card.

| CB CastleBranch | | | Contact Us Logout |
|---|--|--|---|
| Place Order: | | | |
| | | | 5 Chat With Us |
| ORDER CONFIRMATION | | | |
| | Thank | you. | |
| Your order has been submitted. | Print Confirm | ation Page | |
| Next Steps: | | | |
| Click "next" below to access your account. Selec Your order confirmation can also be accessed the To or order confirmation can also be accessed the To log into your myCB account, navigate to login dashboard, please select myCB. You can also acce pending requirements and view final results. Explore myCB for the other value-add features a For assistance, access the Need Help? menu wi | t "myCB" from your home Dash ation attached. rough your myCB Document Cr .castlebranch.com where you w ses myCB by downloading the r ind benefits provided to you by i thin your account or support. | board to determine if you have a enter. If the prompted to enter your us nyCB app to your iPhone. From myCB. | additional items to complete amame and secure password. From your home within your account you can take action on any |
| , | Nex | ct | |



9. After placing your order, please fill out the information in your **CB User Profile**.

| CB CastleBranch | | 🛛 Sarah Jones 👻 👥 | |
|---|-------------------------|-------------------|--|
| User Profile Please complete your user profi | le in order to continue | | |
| | | | |
| 0 | 2 | | |
| FIRST NAME* | | | |
| Sarah | | | |
| MIDDLE NAME | | | |
| Anne | | 🗆 No Middle Name | |
| LAST NAME* | | | |
| Jones | | | |
| MAIDEN NAME | | | |
| L | | 🗆 No Maiden Name | |
| | | Next | |

10. You will see the **myCB** tile on your dashboard. Please select "**Go**" to access your **myCB** account.





11. You will see six **Real Vaccination ID** requirements listed in your **myCB** account to complete prior to receiving your **Real Vaccination ID** card.

| If you are visiting a Quest Diagnostics PSC for a drug screen, you must wear a mask/face covering such as a bandana, scarf, or handmade mask. This is a new requirement in addition to a for the face dreperature check upon entry. Any donor with a temperature greater than 100.3 or without a mask will be turned away. Submitted documentation typically takes 3-5 days to review (excluding weekends). If you have questions regarding your To-Do Lists, we invite you to access our Video FAQ's (click here) for Do you have new documents to submit to a completed requirement or a general request? We can Help! Click HERE to submit a request. We will keep your Service History updated so you informed. Floase allow approximately 2 business days for a response. Exciting news! CastleBranch now offers assistance videos to better assist you with navigating your myCB account! Click (here) to access the new videos! MESSAGES (0) Co-Do LISTS DOCUMENT CENTER Real Vaccination ID 6 Requirements Real Vaccination ID 6 Requirements. Real Vaccination ID 6 Requirements. Real Vaccination ID 6 Requirements. Real Vaccination ID 7 or the Real Vaccination ID, you will be prompted to provide legal consent, complete required attestation and uploa dotter days for a receive day of the address provided during the only submission. After placing your order for the Real Vaccination ID, you will be prompted to provide legal consent, complete required attestation and uploa dotter you have fulfile all of the requirements, your Real Vaccination ID will be created and mailed to the address provided during the only submission. Messade Click HERE to submit a support request inquiry to our User Experience team. You can follow-up on your request by Service History Support Inquires within the Need Help? menu, or simply CLICK HERE | a no-contact ' assistance. u can stay |
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| Submitted documentation typically takes 3-5 days to review (excluding weekends). If you have questions regarding your To-Do Lists, we invite you to access our Video FAQ's (click here) for Do you have new documents to submit to a completed requirement or a general request? We can Helpl Click HERE to submit a request. We will keep your Service History updated so you formed. Please allow approximately 2 business days for a response. Exciting news! CastleBranch now offers assistance videos to better assist you with navigating your myCB account! Click (here) to access the new videos! MESSAGES (0) Co-Do Lists Click the blue plus signs below to expand your requirements. Real Vaccination ID 6 Requirements Real Vaccination ID 6 Requirements Atter you rave fulfiled all of the requirements, your Real Vaccination ID, you will be prompted to provide legal consent, complete required attestation and uploa documentation. Please real erequirements, your Real Vaccination ID, will be prompted to require and the address provided during the onling ubmitting. We can be used to you will be notified of your upcoming account expiration and be given the option to renew access for an additional per the one-year period, you will be notified of your upcoming account expiration and be given the option to renew access for an additional per the one-year period, you will be notified of your upcoming account expiration and be given the option to renew access for an additional per the one-year period, you will be notified of your upcoming account expiration and be given the option to renew access for an additional per the one-year period. Support Inquires within the Need Help? menu, or simply CLICK HERE | r assistance. u can stay |
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| Requirement Date Due STATUS 1. Consent to Share Information | a d supporting ne order riar to the end of riad of one year, selecting View S complete |
| 2. Attestation | complete |
| (+) 3. Height and Eye Color | and the second second second |
| 4. Upload Copy of Government Issued Photo Identification | complete |
| 5. Upload Copy of Recent Photo for Real Vaccination ID Card | complete |
| 6. Proof of COVID-19 Complete Vaccination | complete complete complete |

12. Each of these six requirements lists specific instructions for how to complete it. Once you have completed all of the requirements, CastleBranch will create your Real Vaccination ID card. Those who complete their order and requirements list on or before November 8, 2021 will receive their card at the registration booth at the OADN convention. Those who complete their order and requirements list after November 8, 2021 will receive their card requirements list after November 8, 2021 will receive their card requirements list after November 8, 2021 will receive their card via USPS mail. Each requirement is detailed below:



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1. Consent to share information: Acknowledge that the **Real Vaccination ID** gives you the ability to share your vaccination proof with third parties, as you see fit. Please complete the displayed checkbox to provide consent, then click "**Submit**."

| MESSAGES (1) | To-Do Lists | |
|-------------------|---|---|
| TO-DO LISTS | Click the blue plus signs below to expand your requirements. | |
| DOCUMENT CENTER ∽ | Real Vaccination ID & Requirements After placing your order for the Real Vaccination ID, you will be prompted to provide documentation. Please read all requirements carefully to ensure data received is as After you have fulfilled all of the requirements, your Real Vaccination ID will be creas submission. Your access to the documentation within this account will remain accessible for a price new year of your will be notified of your upcoming account expiration and be for an additional charge. Still have questions? CLICK HERE to submit a support request inquiry to our User E Service History Support Inquires within the Need Helpormenu. or simply CLICK HERE | INCOMPLETE legal consent, complete required attestation and upload supporting requested to reduce any rejections and delays. ted and mailed to the address provided during the online order ariod of one year after the date of order. Thirty days prior to the end of given the option to renew access for an additional period of one year, xperience team. You can follow-up on your request by selecting View RE |
| | Requirement | Date Due STATUS |
| | You must read and agree to this Consent by checking myCB the box below prior to issuance of your card. | 09/27/2021 03:59:46 PM EDT |

2. Attestation: Attest that the information you provide is valid and pertains to you specifically by clicking the provided checkbox, then clicking "**Submit**."

| MESSAGES (1) | To-Do Lists | |
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| TO-DO LISTS | Click the blue plus signs below to expand your requirements. | |
| DOCUMENT CENTER V | Real Vaccination ID 6 Requirements After placing your order for the Real Vaccination ID, you will be prompted to provide leg documentation. Please read all requirements carefully to ensure data received is as req After you have fulfilled all of the requirements, your Real Vaccination ID will be created submission. Your access to the documentation within this account will remain accessible for a perior to new-year period, you will be notified of your upcoming account expiration and be given additional charge. Still have questions? CLICK HERE to submit a support request inquiry to our User Expe Service History Support Inquiries within the Need Help? menu, or simply CLICK HERE | INCOMPLETE al consent, complete required attestation and upload supporting uested to reduce any rejections and delays. and mailed to the address provided during the online order d of one year after the date of order. Thirty days prior to the end of ven the option to renew access for an additional period of one year, rience team. You can follow-up on your request by selecting View |
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| | 2. Attestation You must read and agree to this Attestation by myCB checking the box below prior to issuance of your card. " By checking the box below, I hereby state, affirm, and attest, that the vaccination card, proof, and/or evidence that I have submitted as proof of my COVID-19 Vaccination Status is it ure and accurate, and that the information I have provided is my own and relates to me, is not that of another, and is legitimate and free of fraudulent information. Completed | O9/27/2021 03:59:44 PM EDT |
| | 3. Height and Eye Color | Incomplete |
| | 4. Upload Copy of Government Issued Photo Identification | Incomplete |



3. Height and Eye Color: Type in your height and eye color to be used as an identifier printed on your Real Vaccination ID, then click "Submit."

| | MESSAGES | (1) | To-Do Lists | | | |
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| | | | 😑 З. Н | eight and Eye Color | | Incomplete |
| | | | 3 | Please enter your height and eye color in the response myCB lield provided. For example: 5'5" Hazel. | 09/27/2021 03:59:43 PN | 1 EDT |
| | | | | Response | Subn | nit 🔶 |
| | | | 🕀 4. U | pload Copy of Government Issued Photo Identification | | Incomplete |
| | | | 🕀 5. U | pload Copy of Recent Photo for Real Vaccination ID Card | | Incomplete |
| | | | 🕀 6. P | roof of COVID-19 Complete Vaccination | | Incomplete |

Upload Copy of Government-Issued Photo ID: Upload an image of your driver's license or other government-issued photo ID from your device using the "Browse" and "Upload" functionality, to provide proof of identity, then click "Submit."

| DOCUMENT CENTER V | Real Vaccination ID 6 Requirements After placing your order for the Real Vaccination ID, you will be prompted to provide legal consent, of documentation. Please read all requirements carefully to ensure data received is as requested to ree After you have fulfilled all of the requirements, your Real Vaccination ID will be created and mailed th submission. Your access to the documentation within this account will remain accessible for a period of one year the one-year period, you will be notified of your upcoming account expiration and be given the option for an additional charge. Still have questions? CLICK HERE to submit a support request inquiry to our User Experience team. Service History Support Inquirises within the Need Help? menu, or simply CLICK HERE | INCOMPLETE The anguine of attestation and upload supporting fuce any rejections and delays. to the address provided during the online order after the date of order. Thirty days prior to the end of to renew access for an additional period of one year, You can follow-up on your request by selecting View |
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| | Requirement | Date Due STATUS |
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| | 2. Attestation | Incomplete |
| | 3. Height and Eye Color | Incomplete |
| | 4. Upload Copy of Government Issued Photo Identification Please scan and upload a copy of your valid unexpired government issued photo identification to this requirement. Ensure all information is clearly visible or your upload will be rejected. | 09/27/2021 03:59:43 PM EDT |
| | Please attach your file from one of these options. If using a mobile device, please attach your file from one of these options. If using a mobile device, please the second strain of the second strai | please choose the large file option for the cepted. pggifxisdocxdoc) |
| | 5. Upload Copy of Recent Photo for Real Vaccination ID Card 6. Proof of COVID-19 Complete Vaccination | |



OADN 2021 CONVENTION CB Real Vaccination ID Order & User Guide

4. Upload Copy of Recent Photo: Provide an image of yourself from your device to be used on your printed **Real Vaccination ID** card, then click "**Submit**."

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|----------------|--|--|
| | After placing your order for the Real Vaccination ID, you will be prompted to provide legal conso documentation. Please read all requirements carefully to ensure data received is as requested | ent, complete required attestation and upload supporting to reduce any rejections and delays. |
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| | 2. Attestation | Incomplete |
| | 3. Height and Eye Color | Incomplete |
| | 4. Upload Copy of Government Issued Photo Identification | Incomplete |
| | ──────────────────────────────────── | Incomplete |
| | Please attach a color photo to be used for your card. myCB Formatting should be similar to that of your passport/driver's license. | 09/27/2021 03:59:42 PM EDT |
| | Criteria for an acceptable photo are the following: | |
| | Taken within the last 6 months to reflect your current appearance. Taken in front of a solid color background (i.e. a blank wall with one color). Make sure that the color of the wall is in strong contrast to that of your hair and clothing. (This will assist in the removal of the background for your card printing.) Taken in notrati formation (wattical picture not | |
| | horizontal) Taken with only you as the subject, from the shoulders up facing the camera. Make sure that your full face and all of your hair are clearly visible and fully within the frame of the picture (i.e. no part of your face or thair are cropped | |

5. Proof of COVID-19 Vaccination: Upload a photo of your CDC-issued COVID-19 vaccination card as proof of vaccination, then click "Submit."

| DOCUMENT CENTER ~ | Real Vaccination ID 6 Requirements Incolup After placing your order for the Real Vaccination ID, you will be prompted to provide legal consent, complete required attestat documentation. Please read all requirements carefully to ensure data received is as requested to reduce any rejections and d After you have fulfilled all of the requirements, your Real Vaccination ID will be created and mailed to the address provided du submission. Your access to the documentation within this account will remain accessible for a period of one year after the date of order. T the one-year period, you will be notified of your upcoming account expiration and be given the option to renew access for an for an additional charge. Still have questions? CLCK HERE to submit a support request inquiry to our User Experience team. You can follow-up on you Still have questions? CLCK HERE to submit a support request inquiry to OUR USER | LETE ion and upload supporting elays. uring the online order hirty days prior to the end of additional period of one year, ur request by selecting View |
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| | 4. Upload Copy of Government Issued Photo Identification | Incomplete |
| | € 5. Upload Copy of Recent Photo for Real Vaccination ID Card | Incomplete |
| | ─ | Incomplete |
| | Submit documentation of your complete COVID-19 myCB 09/27/2021 03:59:41 F Vaccination series. If the vaccine you were administered is a 2 dose series, do not submit your documentation to this requirement until you have received both doses. Documentation for both doses must be submitted at the same time to gain approval. Documentation must include the following: • First and last name • Administration Dates • Vaccine Manufacturer Gie. Pfizer; Moderna; J&J Janssen Biotech) • Copy of Vaccination Record Record Record administration Caccination Record, Health DecL Cacc. State Immunization Card, Health DecL Cacc. State Immunization Card, Health DecL Cacc. State Immunization Card, | M EDT |



ID

USING YOUR REAL VACCINATION ID CARD

 Once you have received your Real Vaccination ID, you will be able share your COVID-19 vaccination proof by scanning the QR code on the back of your card with a mobile device. This will take you to an authentication page that will require you to provide the access code that is located on the back of your card, as well as the last four digits of your social security number.

| | C VACCINATION I | D | • |
|--------------|--|--------------------------|---|
| C | YVONNE HUGHES ADDRESS 1234 APPLEJACK BLVD WILMINGTON, NC 28403 UNITED STATES | | CastleBranch |
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| | COVID-19 VACCINATE | D | documentation |
| | | | Last 4 SSN * |
| fvo | nne Hughes |)CB Verified | SUBMIT |
| on w | ith phone. Enter code. View results. ACCINATION ACCESS CODE: A3T411Y | | ©2021 CastleBranch, Inc. All rights res |
| | This card is NOT TRANSFERABLE, CastleB | ranch is not responsible | |

2. Once verified, you'll be able to see your vaccination information, as well as your uploaded proof of your **COVID-19 Vaccination**.

