Criminal Records Review Program

# eCRC ONLINE SERVICE

# Walk-through Guide

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## Overview

Volunteers and employees covered under the Criminal Records Review Act will obtain a web link and unique access code from their registered volunteer organization or employer organization.

This guide will walk through all of the steps in order to process the online eCRC application.

### Figures

**Walk-through of a new employee or volunteer check, page 3:**

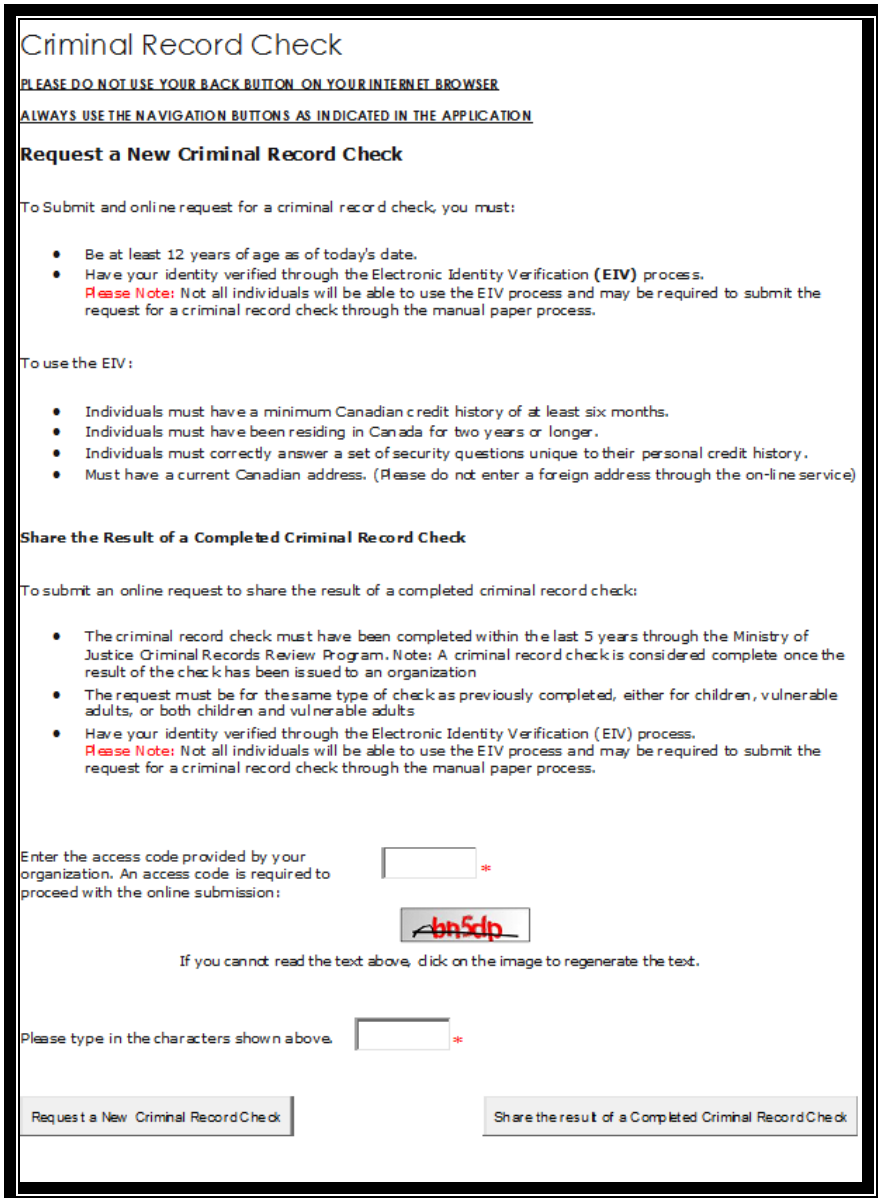
In this example scenario an employee is requesting a criminal record check. The volunteer process will mirror this process except – the volunteer applicant will not be required to pay the $28 fee.

**Walk-through of a sharing check, page 9:**

This scenario explains how to share an existing check. This is available to employees and volunteers at no cost.

## NEW Criminal Record Check

Once the employee or volunteer types in the web link provided by their employer, the screen below will be displayed:




Enter the access code that your employer or volunteer organization has provided you. Then enter the characters shown in the image. Once this is complete select “Request for a New Criminal Check”

**Important Note: Please do not use the back buttons on your browser.**

After selecting “request a new criminal record check, the organization information will be displayed:

Once you have confirmed the organization information displayed is the organization for which you wish to complete the criminal record check, select **Next**.







This page contains the consent information. You must select “yes” in both places indicated on this screen to give your consent to do the criminal record check and to give your consent to releasing personal information to Equifax for the purpose of confirming your identity only. The Equifax service is called EIV (electronic identity verification). Please see the EIV section of the guide for additional information.

Select **Next** to proceed.



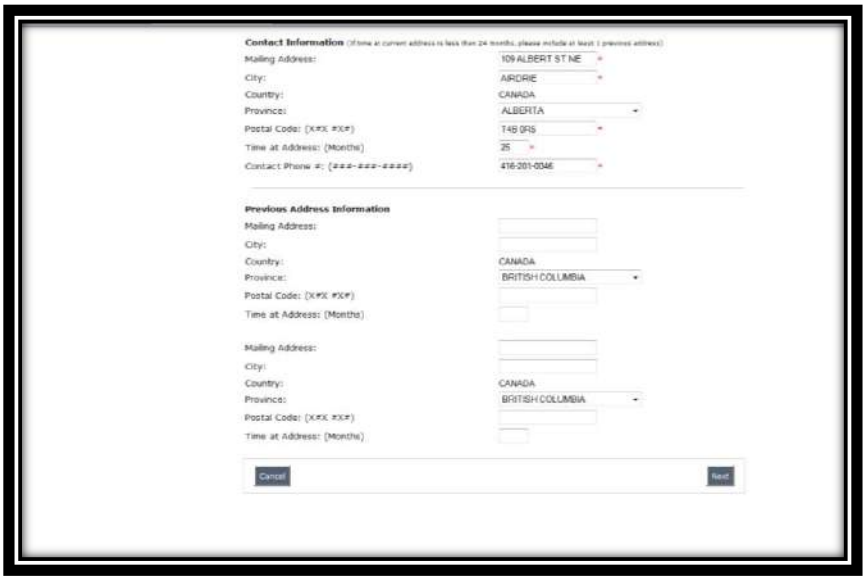

Please accurately and truthfully complete the applicant information on data entry form.

All mandatory fields are marked with a red asterisk (*).

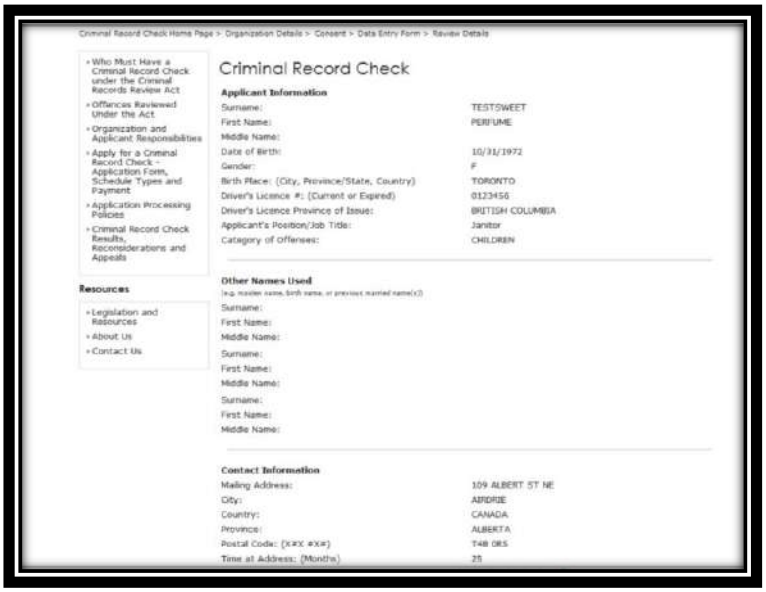
Note: Please provide your valid or expired driver's licence number if you have one as this may assist in expediting the criminal record check process.

Check over the information you have entered for accuracy. Make any corrections that are necessary. If for any reason you wish to cancel the request for criminal record check, you may select the Cancel button.

To proceed, select **Next**.



This page will display all of the information that you have entered. Please review carefully.




Select **Next** to proceed to identity verification (EIV).

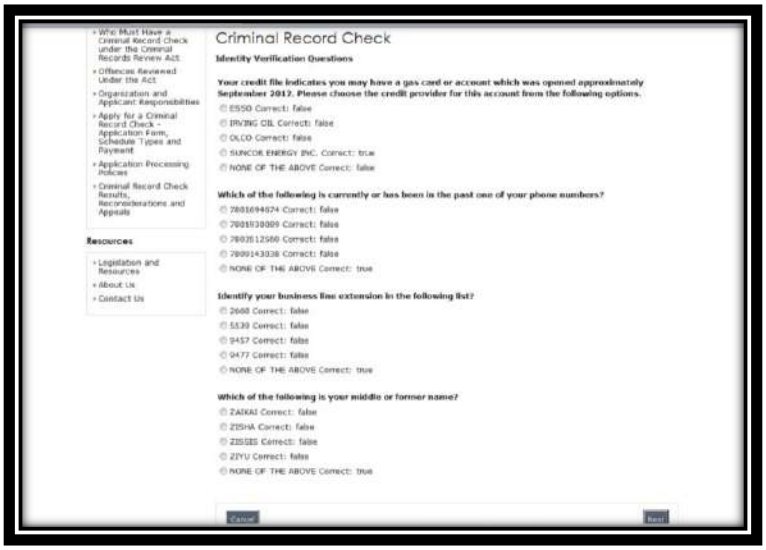



This page will display identity verification questions (based on your Canadian credit history).

Questions will be written in a way that only you will know the answer.

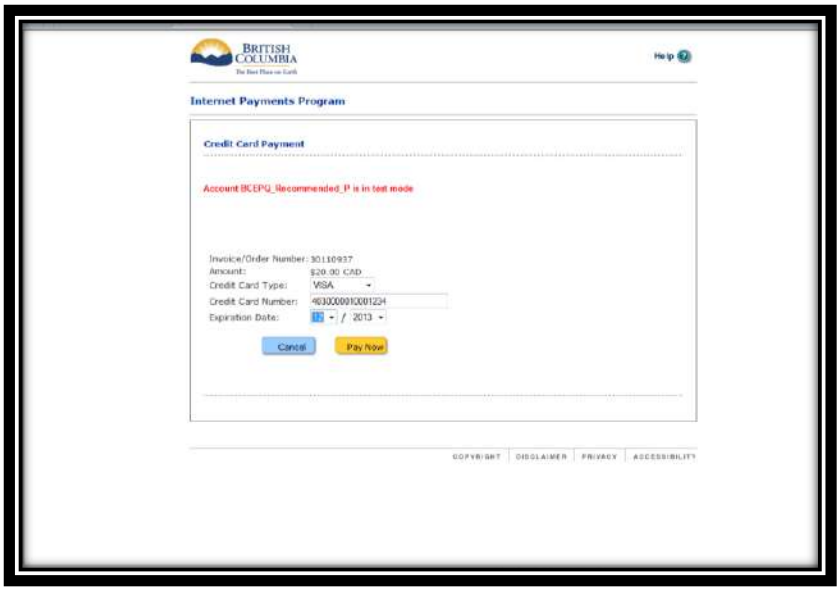
Please answer all the questions to proceed.

At the next step, if you are required to pay the $28 fee for the criminal record check (everyone must pay **except for volunteers associated with registered volunteer associations**), you will be taken to the credit card payment page. Please have your credit card ready. To proceed, select **Next**.



Provide your credit card information.

Select **Pay Now**. Your credit card will be charged $28 and you will be taken the receipt page.

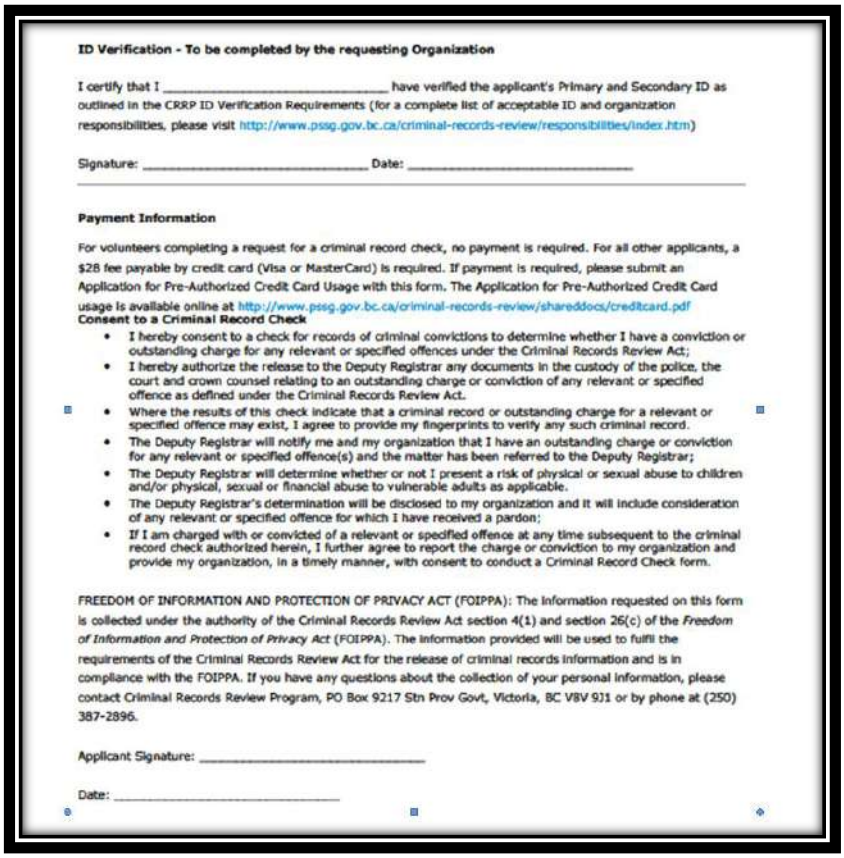



* If for some reason you are unable to complete the EIV portion of your application – this screen will appear.

It will list all of the information you entered and prompt you to print off the page and submit your application manually.

Remember to sign and date the bottom of the form.

Note: You will be required to take this form to your organization to have your ID checked manually prior to submitting to the CRRP.



**ID Verification - To be completed by the requesting Organization**

I certify that I _____ have verified the applicant's Primary and Secondary ID as outlined in the CRRP ID Verification Requirements (for a complete list of acceptable ID and organization responsibilities, please visit http://www.pssg.gov.bc.ca/criminal-records-review/responsibilities/index.htm)

Signature: _____ Date: _____

**Payment Information**

For volunteers completing a request for a criminal record check, no payment is required. For all other applicants, a $28 fee payable by credit card (Visa or MasterCard) is required. If payment is required, please submit an Application for Pre-Authorized Credit Card Usage with this form. The Application for Pre-Authorized Credit Card usage is available online at http://www.pssg.gov.bc.ca/criminal-records-review/shareddocs/creditcard.pdf

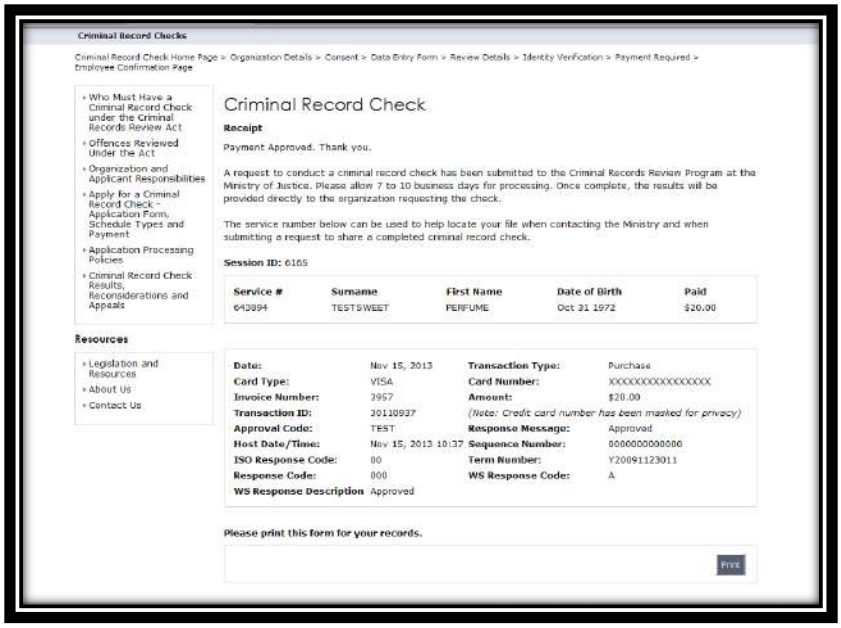
**Consent to a Criminal Record Check**

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offences under the Criminal Records Review Act;
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence as defined under the Criminal Records Review Act.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence for which I have received a pardon;
- If I am charged with or convicted of a relevant or specified offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with consent to conduct a Criminal Record Check form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the Criminal Records Review Act section 4(1) and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have any questions about the collection of your personal information, please contact Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at (250) 387-2896.

Applicant Signature: _____

Date: _____




Please print a copy of this page for your records.

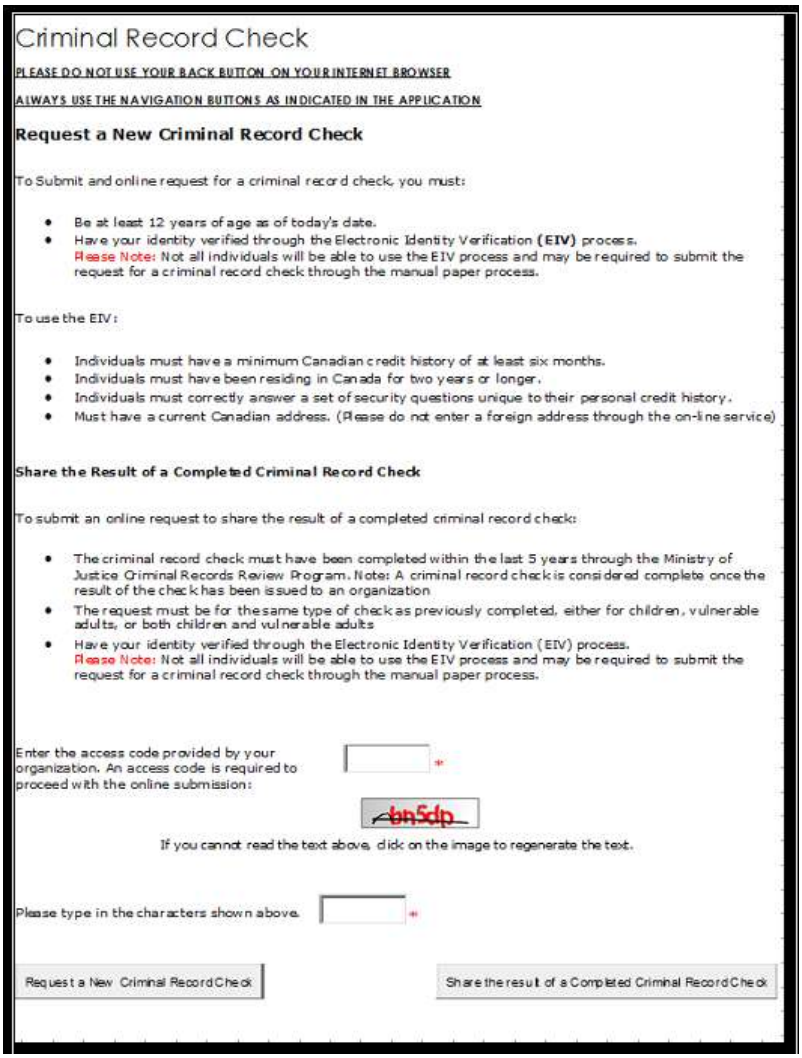
**Note: the Criminal Records Review Program is not able to produce a copy of this receipt**, so it is important that you print and retain for your records.

After you print off your receipt, your request for a criminal record check has been submitted to the Criminal Records Review Program and is in progress. The result will be sent directly to your organization once completed.

## Sharing a Criminal Record Check

**To be able to share**:

- The criminal record check must have been completed within the last 5 years through the Ministry of Justice Criminal Records Review Program. Note: A criminal record check is considered complete once the result of the check has been issued to an organization
- The request must be for the same type of check as previously completed, either for children, vulnerable adults, or both children and vulnerable adults

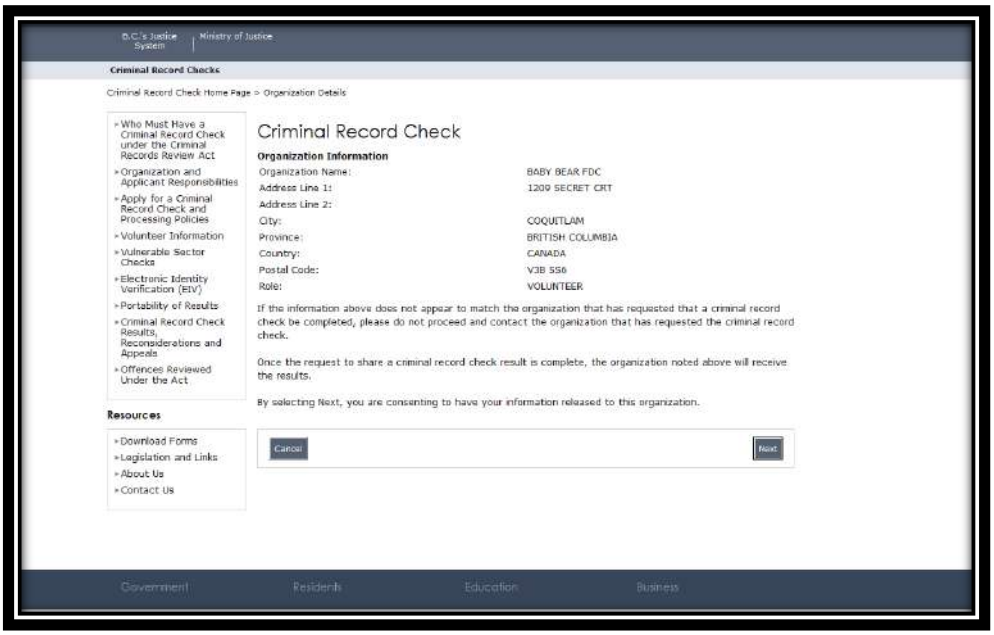


Enter the access code that your new organization has provided you. Type the characters you see in the image and click **Share the result of a Criminal Record Check**.

Your organization's information will already be populated. Please review this information carefully to ensure that it is accurate.

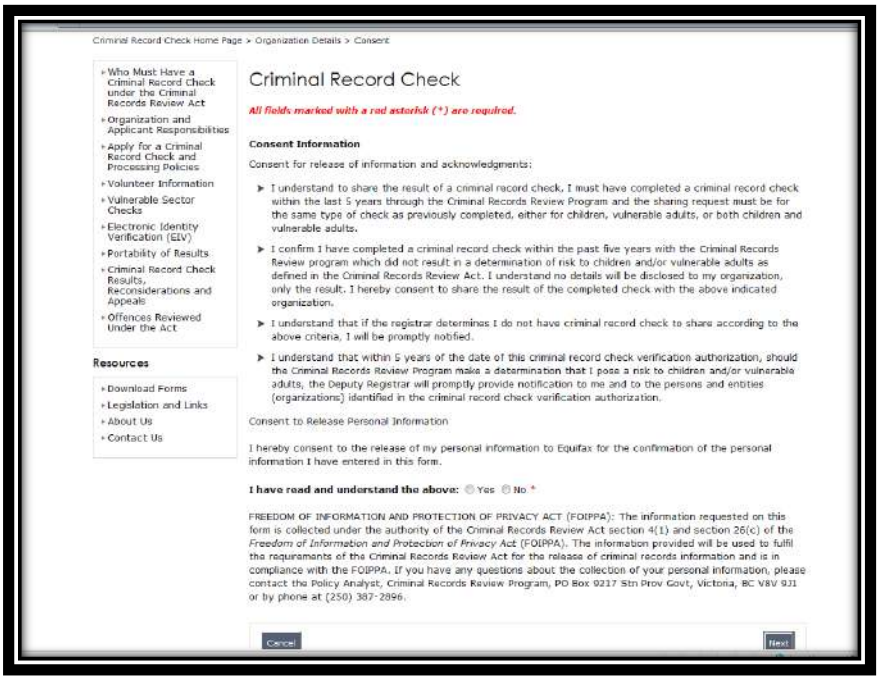
At the end of the process your criminal record check will be sent directly to the organization shown.

Select **Next** to proceed.




The consent screen explains the conditions of the sharing check and the responsibilities of all parties.

Please read this page carefully and click **Yes** when you have fully understood the acknowledgements.

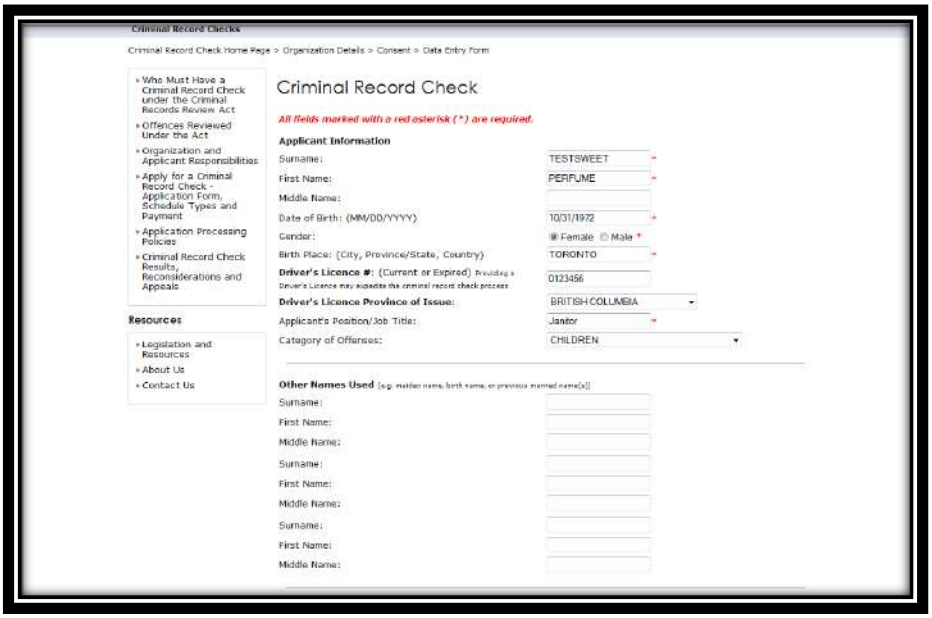


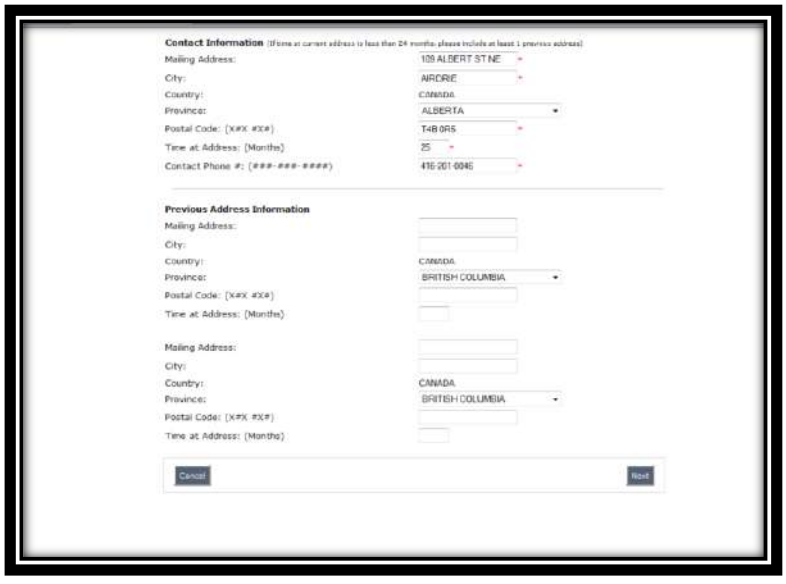

Click **Next** to proceed.

Please accurately and truthfully complete the applicant information on data entry form.

All mandatory fields are marked with a red asterisk (*).

Note: Please provide your driver's licence number if you have one as this may assist in expediting the criminal record check process.

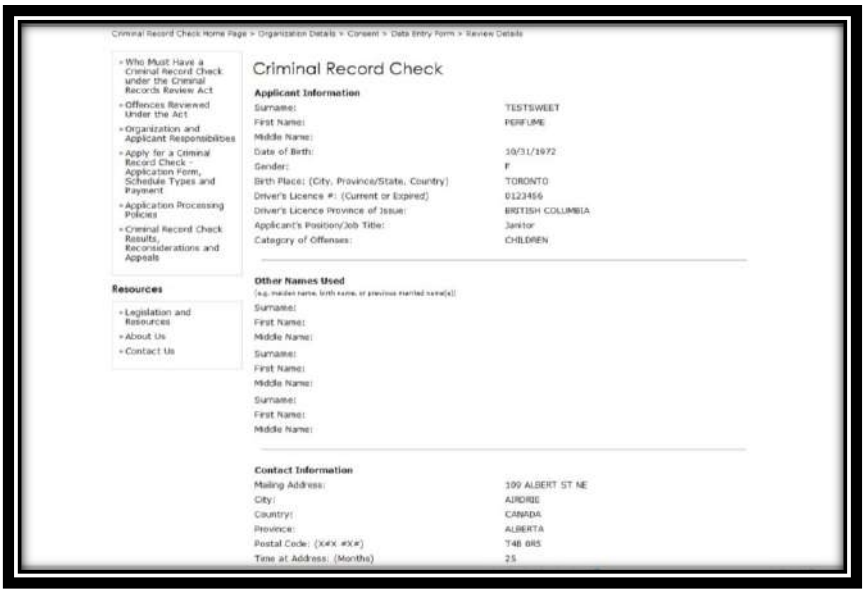



Once you have completed all applicable fields – select **Next** to continue.

Please review all of the information you entered to ensure that it is accurate.

Once you are satisfied – select next to proceed to the identity verification (EIV).



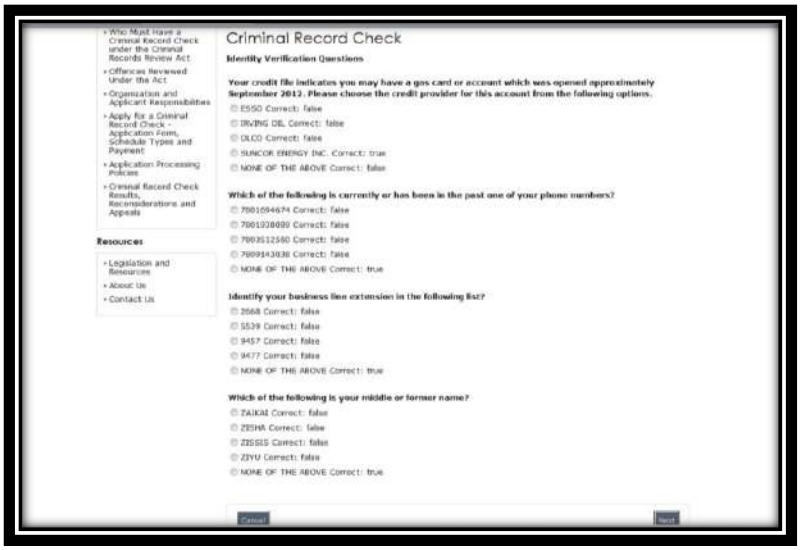

If our system cannot find a match – you will be prompted with this notice:

The system could not find a completed criminal record check to share.

Please print out the page shown, bring it to your organization to verify your ID, sign the consent and then send to the CRRP to be processed manually.




If a matching criminal record check is found – you will be required to verify your identity through the EIV service.

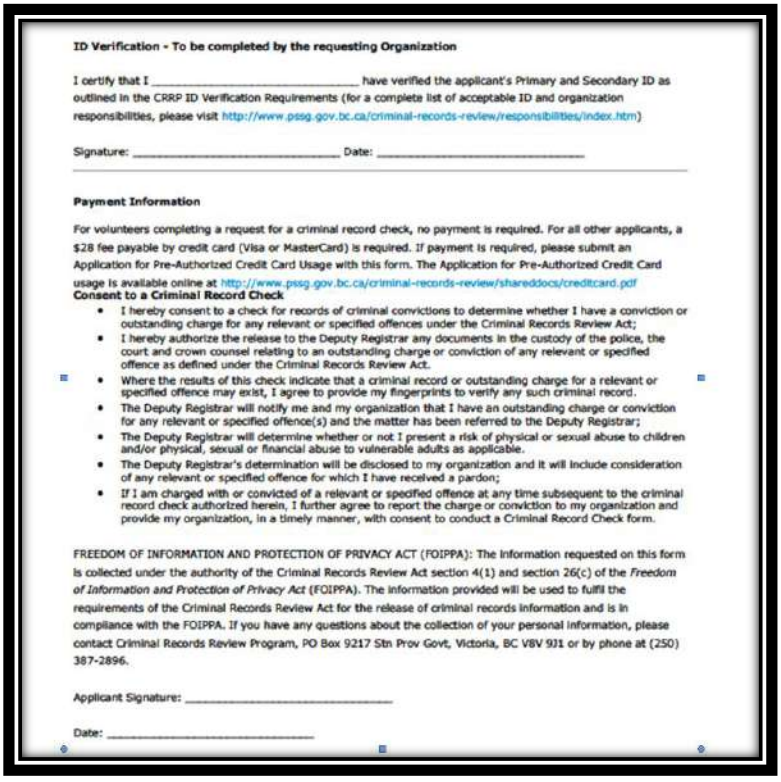



The question will be credit history based. Please answer all questions and then click **Next**.

*If for some reason you are unable to complete the EIV portion of your application, this screen will appear.

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Remember to sign and date the bottom of the form.



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Signature: _____ Date: _____

**Payment Information**

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**Consent to a Criminal Record Check**

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offences under the Criminal Records Review Act;
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence as defined under the Criminal Records Review Act.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence for which I have received a pardon;
- If I am charged with or convicted of a relevant or specified offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with consent to conduct a Criminal Record Check form.

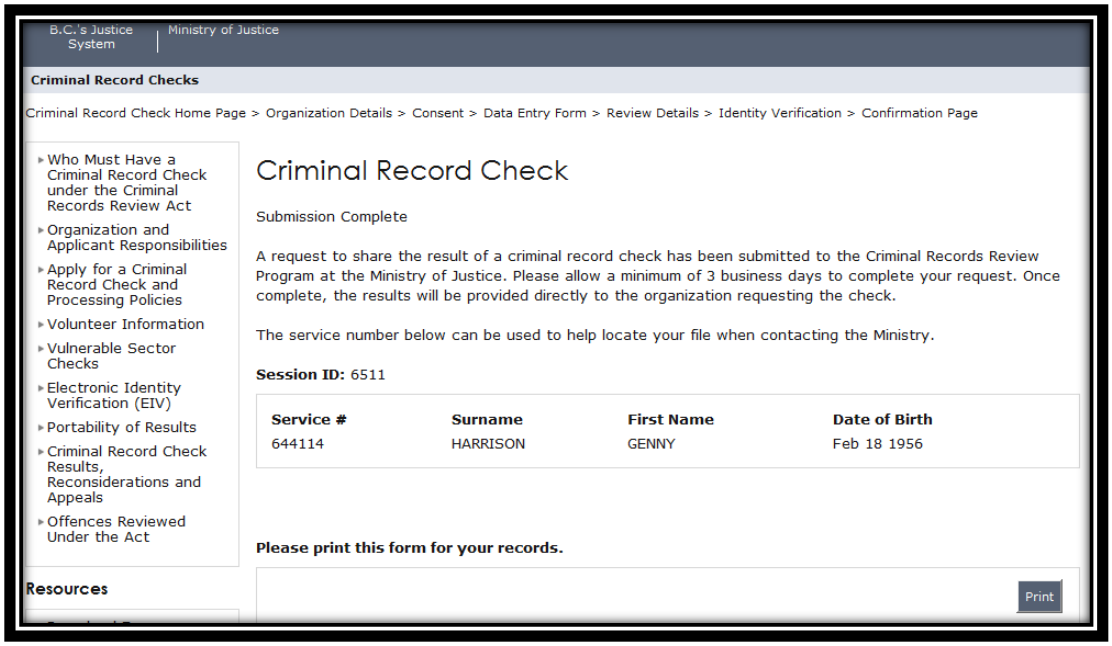
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Applicant Signature: _____

Date: _____

You have completed the process. Your result will be shared with your organization. Please allow for a minimum of 3 business days for the check result to be sent.

You may print this page for your records and exit.




## Contact the Criminal Records Review Program

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|---|---|---|---|
| **Phone:** | Call toll-free at 1-855-587-0185 | **Facsimile:** | 250-356-1889 |
| **Website** | www.pssg.gov.bc.ca/criminal-records- | **E-Mail:** | sgspdps@gov.bc.ca |