



## **Mandatory Student Paperwork** **Early Childhood Education: Infant-Grade 4**

***The Pennsylvania Department of Education requires that all students participating in field experience must provide the documentation listed below. Obtaining the following background clearances will require out of pocket expenses.***

- Act 114 FBI PDE Federal Criminal History Background Check
- Act 114 FBI DHS Federal Criminal History Background Check
- Act 34 Pennsylvania State Police Criminal Record Check
- Act 151 Pennsylvania Child Abuse History Clearance
- Act 31 Mandated and Permissive Reporting in Pennsylvania Online Training
- National Sex Offender Registry Verification
- Act 24 Pennsylvania Department of Education Arrest/Conviction Report and Certification Form
- Health Assessment
- TB (Tuberculin) skin test
- Two Letters of Reference
- Education Department Medical Marijuana Policy

**When obtaining these background checks, please remember to do the following:**

- **If you have any arrest or conviction on any background check you must notify the Education Department ([Education@northampton.edu](mailto:Education@northampton.edu)). Failure to disclose this information may prevent you from completing field experiences.**
- Use your home address (not school address) when applying for all background checks.
- Keep all original background checks in your credential portfolio: do not relinquish originals to anyone!
- Keep hard copies of all background checks to use for observations.
- Background checks must be dated within one year of the start of the semester.

***Students MUST submit required clearances to:***

Northampton Community College  
Education Department  
Reibman Hall, Room 103  
3835 Green Pond Road  
Bethlehem, PA 18020  
Phone: (610) 861-4561  
Fax: (610) 861-4110  
Email: [Education@northampton.edu](mailto:Education@northampton.edu)

***Students completing field experience outside of Pennsylvania must provide health and background clearance requirements for their state.***

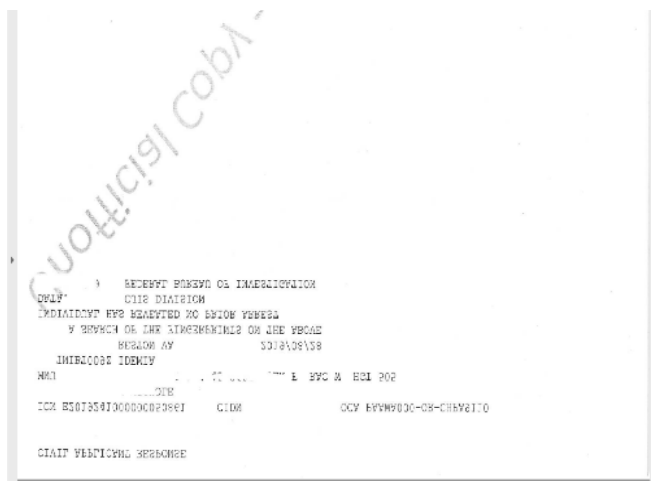
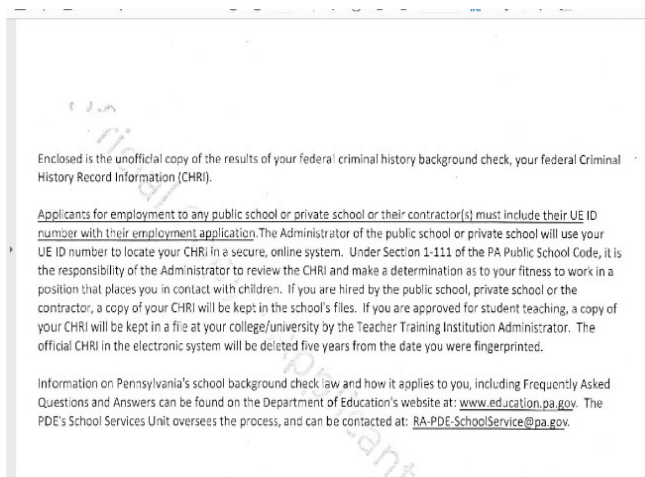
# Step-by-Step Instructions to Apply for Mandatory Student Clearances

## Act 114 PDE FBI Federal Criminal History Background Check

<https://uenroll.identogo.com/>

1. Colleges/Universities Teacher Education Program Service Code: 1KG6RT, click GO
2. Click Schedule or Manage Appointment and complete all Essential Info then click **Next**
3. Complete all Additional Information then click **Next** (create a security question and answer, write this down for future reference)
4. Complete all Citizenship information then click **Next**
5. Complete all Personal Questions information then click **Next** (you do not have an authorization code)
6. Complete all Personal Information then click **Next**
7. Complete all Address information then click **Next**
8. Choose the Identification Document you will bring to your enrollment then click **Next**
9. Search for an Enrollment Center for Location to be fingerprinted then click **Next**
10. Select Date and Select Time for fingerprinting appointment then click **Next** (scheduled appointments take priority over Walk-Ins)
11. **Print the enrollment screen** (you will also receive an email from Identogo confirming appointment)
12. Hit **Submit**
13. You will be prompted to confirm appointment. Your payment will be made at the Identogo Center via Credit Card, Business Check or Money Order..NO CASH OR PERSONAL CHECKS.
14. **You will receive an email from PA Safe Check ([status@dev.PASafeCheck.identogo.com](mailto:status@dev.PASafeCheck.identogo.com)) within 72 hours with a link to access your Unofficial Copy called the Civil Applicant Response. IT IS IMPORTANT THAT YOU ARE AT A COMPUTER WHERE YOU CAN PRINT AND SAVE THE UNOFFICIAL COPY AS THIS WILL BE A ONE-TIME ACCESS ONLY LINK!**
15. Submit *Unofficial Copy* to the Education Department.

**NOTE: There are two Pages! Please send page 1 and 2 (page 2 has your results).**



# Act 114 DHS FBI Federal Criminal History Background Check

<https://uenroll.identogo.com/>

1. Child Care Services/Program Employee or Contractor Service Code: 1KG738, click GO
2. Click Schedule or Manage Appointment and complete all Essential Info then click **Next**
3. Complete all Additional Information then click **Next** (create a security question and answer, write this down for future reference)
4. Complete all Citizenship information then click **Next**
5. Complete all Personal Questions information then click **Next** (you do not have an authorization code)
6. Complete all Personal Information then click **Next**
7. Complete all Address information then click **Next**
8. Choose the Identification Document you will bring to your enrollment then click **Next**
9. Search for an Enrollment Center for Location to be fingerprinted then click **Next**
10. Select Date and Select Time for fingerprinting appointment then click **Next** (scheduled appointments take priority over Walk-Ins)
11. **Print the enrollment screen** (you will also receive an email from Identogo confirming appointment)
12. Hit **Submit**
13. You will be prompted to confirm appointment. Your payment will be made at the Identogo Center via Credit Card, Business Check or Money Order..NO CASH OR PERSONAL CHECKS.
14. You will receive your official results via US Mail.
15. Submit to the Education Department.



SSN:  
TCN:

Your Federal Bureau of Investigation (FBI) fingerprint based record check has been processed in accordance with Public Law 92-544 and the Child Protective Services Law (Title 23, Pa C.S. Chapter 63). The following is the result of your federal criminal history background check as of 09/19/2019.

**NO RECORD EXISTS**

- RECORD EXISTS** but conviction(s) does not prohibit hire in a childcare position according to the Child Protective Services Law.
- RECORD EXISTS** but no conviction(s) is shown. This does not prohibit hire in a childcare position according to the Child Protective Services Law.
- DISQUALIFICATION** - Record exists and contains a conviction(s) that is grounds for denying employment in a childcare position according to the Child Protective Services Law.

If you are questioning the accuracy of this response, please submit court documents to support your position. You may request a copy of your record from 5 years following receipt of verification by making a written request to the address listed above. Applicants are encouraged to provide this verification to the prospective employer immediately upon receipt.

Sincerely,

Handwritten signature of Christine Reber.

Christine Reber, Division Director  
Bureau of Policy, Programs and Operations

# Act 34 Pennsylvania State Police Criminal Record Check

<https://epatch.pa.gov/home>

1. Click on **Submit a New Record Check**. *Do NOT choose VOLUNTEERS only version!*
2. Scroll through terms and conditions for use of PATCH and click **ACCEPT**
3. Select **Individual Request**
4. Reason for Request - choose **Other**
5. Accurately complete the information requested and click **Next**
6. **Verify**, then click on **Proceed**
7. Enter your personal information again (this will be for your payment) and click **Enter the Request**
8. Click on **Finished**
9. Check for accuracy on the review page, if accurate Click **Submit**
10. Enter your credit card information and click **Next**
11. Click on the hyperlink for the **CONTROL NUMBER THAT IS BOLD** on LEFT SIDE  
**NOTE:** this is not your result this is a receipt of payment.
12. Very Important: **Write down the Control Number** and the date it was processed
13. Click on **Certification Form** in the middle, this will bring up form to print
14. Print this form. **Print** button will be in top Right side.

If you have issues with printing, you will need the CONTROL NUMBER and the DATE you processed the clearance in order to access it on another computer to print.

**PATCH Helpdesk: 1-888-QUERY-PA (1-888-783-7972)**

Pennsylvania State Police  
1800 Elmerton Avenue  
Harrisburg, Pennsylvania 17110

**Response for Criminal Record Check**

TELEPHONE \_\_\_\_\_

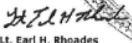
THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Race: \_\_\_\_\_  
Date of Request: \_\_\_\_\_  
Purpose of Request: \_\_\_\_\_  
Employment: \_\_\_\_\_  
Maiden Name and/or Alias (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

**\*\*\* HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL # \_\_\_\_\_**

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTOR AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT THIS RESPONSE. THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MAY BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES. THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://www.psp.pa.gov/epatch/>) OR BY CONTACTING THE PATCH STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING SUBJECT'S NAME EXACTLY AS INITIALLY ENTERED, CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK RESULTS. DETAILS ON THE REQUEST CAN BE VIEWED BY CHECKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO REPRINT THE REQUEST AND PRINT OUT AS MANY RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972)

Certified by:  
  
Earl H. Rhoades  
Director of Criminal Records & Identifiers  
Pennsylvania State Police

TERMINATED BY: SYSTEM  
07/31/2019 01:42 PM

# Act 151 Pennsylvania Child Abuse History Clearance

<https://www.compass.state.pa.us/CWIS/Public/Home>

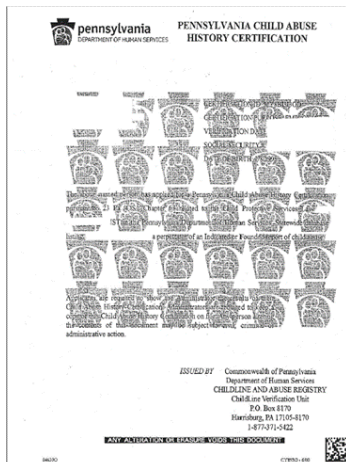
1. Register on the site by choosing **Create Individual Account** and work your way through the series of questions as well creating a security password called a **KEYSTONE ID** that you will need to remember to login the next time (this is case sensitive). Upon completion, you will receive 2 separate emails that will give you a user name and a temporary password. These will both be needed to log back into the website for the second time. *Please keep these emails as you will need this information!*
2. Log back into the website <https://www.compass.state.pa.us/CWIS/Public/Home> and choose **Individual Login** tab. When you receive the email go back to the initial webpage and choose **Login** and if entering for the first time you will be prompted to change your password. *Write down your Username and Password for future access!*
3. From here choose **Access My Clearances**. Scroll through the **Learn More** page and click continue. This will take you to a **Keystone Key** page where you will fill in the *Username and Password* that you were sent in the emails.
4. There will be a series of pages to fill in...remember to select **School Employee Not Governed by Public School Code** for the purpose of the clearance. *Do NOT choose VOLUNTEERS Only version.*
5. When asked about the Certificate Delivery Method, remember to answer **Yes**, you would like to have a paper copy sent to your home or mailing address.
6. You must pay for the clearance online using either a debit or credit card and then sign electronically.
7. The website states that you will be provided with updates regarding the status of your clearance and will be notified when it is ready to be printed. While the website states that the process is automatic, it has been known to take up to two weeks for the clearance to be generated.

## SAVE THE EMAILS WITH USER NAME AND ID

### Forgot your User ID?

Students may not re-set or recover their User ID. If you forgot your User ID please refer to the email titled "Commonwealth of Pennsylvania New Account Information" that was sent to you upon account creation. Your User ID is located here.

If you continue experiencing issues logging in to your account, contact the CWIS Support Center at 1- 877-343-0494.



# Act 31 Mandated and Permissive Reporting in Pennsylvania Online Training

[www.ReportAbusePa.Pitt.edu](http://www.ReportAbusePa.Pitt.edu)

1. FREE online training!
2. Print the certificate of completion this will be displayed 24 hours after you are finished the training, you will find this on the home page when you log back in to website.
3. Submit Certificate of Completion to the Education Department.

## Certificate of Completion

### Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania

Meets ACT 31 of 2014 training requirements  
Meets the Recognizing Child Abuse and Mandated Reporting components of ACT 126 of 2013 training requirements

3 continuing education hours

**Presenter:**  
University of Pittsburgh School of Social Work,  
PA Child Welfare Resource Center  
403 East Winding Hill Road, Mechanicsburg, PA 17055

**Presented to:**

on the date:



## National Sex Offender Registry Verification

<http://www.keepkidssafe.pa.gov/natsexoffreg/index.htm>

Print application by clicking on **NSOR Verification Application** – English or Spanish.

1. Currently, all applicants for NSOR verification must print and fill out the application. All fields of the application must be completed.
2. There is **no fee** for the NSOR verification.
3. Processing time is **14 calendar days from the date the application is received** at the Clearance Verification Unit (CVU).
4. Students ***MUST Make a copy of the application*** prior to sending and then send a copy of the results to the Education Department for your record.
5. Once completed, use one of the following options to submit the application for processing:
  - Mail to the Clearance Verification Unit, Child Line at the following address:  
Department of Human Services, PO Box 8170, Harrisburg, PA 17150-8170  
OR
  - Scan and email the application to: [RA-PWNSOR@pa.gov](mailto:RA-PWNSOR@pa.gov) with "NSOR Verification Applicant \_(Your Last Name)" in the subject line

APPLICATION: National Sex Offender Registry Verification	
<p>The following individuals must complete the National Sex Offender Registry verification application:</p> <ul style="list-style-type: none"> <li>Any individual 18 years or older residing in the child care setting where child care is occurring.</li> <li>Any individual working for a Regulated Child Care Provider.</li> <li>Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.</li> <li>Any volunteer of a child care provider, group-day-care home or family child care home.</li> </ul>	
<p>Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:</p> <ol style="list-style-type: none"> <li>Mail to the Clearance Verification Unit, Child Line at the following address: Department of Human Services, PO Box 8170, Harrisburg, PA 17150-8170. OR</li> <li>Scan the completed application and email to: <a href="mailto:RA-PWNSOR@pa.gov">RA-PWNSOR@pa.gov</a> in the subject line list NSOR Verification Applicant Last Name (i.e., Smith), OR</li> <li>Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hilbert Building number 52). Free parking is available in Lot C.</li> </ol> <ul style="list-style-type: none"> <li>Processing time is fourteen days from the date the application is received.</li> <li>Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.</li> <li>There is no fee for the National Sex Offender Registry verification letter.</li> <li>Refer all questions to the Clearance Verification Unit at 877-371-5422.</li> </ul>	
<p><b>Purpose of the National Sex Offender Registry Verification (check one box only)</b></p> <p><input type="checkbox"/> Individual 18 years or older residing in the facility where child care is occurring</p> <p><input type="checkbox"/> Individual working for a Regulated Child Care Provider</p> <p><input type="checkbox"/> Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.</p> <p><input type="checkbox"/> Volunteer of a child-care provider, group-day-care home or family child care home.</p>	
<p><b>Applicant Demographic Information (All fields required)</b></p> <p>Full Name (Last, First, Middle Initial) _____</p> <p>Social Security Number (000-00-0000) _____</p> <p>Date of Birth (MM/DD/YYYY) _____</p> <p>Driver's License Number (000-000-0000) _____</p> <p>Mailing Address _____</p> <p>E-mail Address _____</p> <p><small>DATE OF BIRTH, SOCIAL SECURITY NUMBER, DRIVER'S LICENSE NUMBER AND MIDDLE INITIAL MUST BE IDENTICAL TO THE INFORMATION ON YOUR CURRENT STATE IDENTIFICATION DOCUMENT.</small></p> <p>Signature: _____ Date: _____</p> <p><small>FOR OFFICIAL USE ONLY</small></p> <p><input type="checkbox"/> CVU application received at CVU: _____ <input type="checkbox"/> Case maintained by the applicant</p>	

## TB (Tuberculin) Skin Test

1. TB testing may be administered by your private health care provider or the NCC Main Campus Health Center.
2. Results may be submitted on a script pad or doctor's letterhead with your name, results, date and physician signature.
3. Submit to the Education Department.



## Education Department: Medical Marijuana Policy

The education department at Northampton Community College recognizes its responsibility to fully inform students of NCC’s medical marijuana policy at the time of acceptance. Please read the following policy carefully and acknowledge your understanding by signing and submitting this form with your required program paperwork.

The Pennsylvania Department of Health is currently implementing the Pennsylvania Medical Marijuana Program, a component of the Medical Marijuana Act (MMA) that was signed as law on April 17, 2016. This program provides access to medical marijuana for patients with serious medical conditions as defined by the Pennsylvania Department of Health.

At this time, the Federal government regulates drugs through the Controlled Substances Act, which does not recognize the difference between medical and recreational use of marijuana. Under Federal law, marijuana is a Schedule 1 controlled substance, meaning that it is considered to have no medical value. Medical practitioners may not prescribe marijuana for medical use under Federal law.

Students entering NCC as education majors must complete program-specific field experience hours in a variety of school-based settings. To ensure the safety of each student and the school/program setting, NCC education students must adhere to the following:

- NCC Students are not permitted to use medical marijuana while on the premises of field experience sites;
- NCC Students are not permitted to report to field experiences “under the influence” of medical marijuana;
- NCC students can be suspended from field experiences if found to be “under the influence” of medical marijuana.

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***I hereby acknowledge that I have read and understand NCC’s Education Medical Marijuana Policy.***

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*Student’s Name (Please Print)*

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*Signature of Student*

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*Date*

***Submit with required clearance paperwork.***

**ARREST/CONVICTION REPORT AND CERTIFICATION FORM**  
(under Act 24 of 2011 and Act 82 of 2012)

**Section 1. Personal Information**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other names by which you have been identified: \_\_\_\_\_

**Section 2. Arrest or Conviction**

By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

**Details of Arrests or Convictions**

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

\_\_\_\_\_  
\_\_\_\_\_

**Section 3. Child Abuse**

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

**Section 4. Certification**

*By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



## INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

**PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.**

## LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:
 

<ul style="list-style-type: none"> <li>▪ Chapter 25 (relating to criminal homicide)</li> <li>▪ Section 2702 (relating to aggravated assault)</li> <li>▪ Section 2709.1 (relating to stalking)</li> <li>▪ Section 2901 (relating to kidnapping)</li> <li>▪ Section 2902 (relating to unlawful restraint)</li> <li>▪ Section 2910 (relating to luring a child into a motor vehicle or structure)</li> <li>▪ Section 3121 (relating to rape)</li> <li>▪ Section 3122.1 (relating to statutory sexual assault)</li> <li>▪ Section 3123 (relating to involuntary deviate sexual intercourse)</li> <li>▪ Section 3124.1 (relating to sexual assault)</li> <li>▪ Section 3124.2 (relating to institutional sexual assault)</li> <li>▪ Section 3125 (relating to aggravated indecent assault)</li> <li>▪ Section 3126 (relating to indecent assault)</li> <li>▪ Section 3127 (relating to indecent exposure)</li> <li>▪ Section 3129 (relating to sexual intercourse with animal)</li> <li>▪ Section 4302 (relating to incest)</li> <li>▪ Section 4303 (relating to concealing death of child)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Section 4304 (relating to endangering welfare of children)</li> <li>▪ Section 4305 (relating to dealing in infant children)</li> <li>▪ A felony offense under section 5902(b) (relating to prostitution and related offenses)</li> <li>▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)</li> <li>▪ Section 6301(a)(1) (relating to corruption of minors)</li> <li>▪ Section 6312 (relating to sexual abuse of children)</li> <li>▪ Section 6318 (relating to unlawful contact with minor)</li> <li>▪ Section 6319 (relating to solicitation of minors to traffic drugs)</li> <li>▪ Section 6320 (relating to sexual exploitation of children)</li> </ul>
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- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act.”
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
  - the United States; or
  - one of its territories or possessions; or
  - another state; or
  - the District of Columbia; or
  - the Commonwealth of Puerto Rico; or
  - a foreign nation; or
  - under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under *75 Pa.C.S. § 3802(a), (b), (c) or (d)* (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under *75 Pa.C.S. § 3803* (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.



**Northampton  
Community College**

**Early Childhood Education: Infant-Grade 4  
Middle and Secondary Level Education  
Special Education Paraeducator  
Child Care Staff  
HEALTH FORM**

<b>NAME OF PERSON EXAMINED (Please Print)</b>	<b>REASON FOR EXAMINATION</b>
	<input type="checkbox"/> Initial Employment in Child Care
	<input type="checkbox"/> Biennial re-examination
	<input type="checkbox"/> Education Student

**SECTION 1: EARLY CHILDHOOD, MIDDLE & SECONDARY, SPECIAL EDUCATION,  
CHILD CARE STAFF**

**TESTING FOR TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX OR  
INTERFERONGAMMA RELEASE ASSAY BLOOD TEST METHOD**

Please note: The child care facility regulations require tuberculosis testing by Mantoux method or the interferon gamma release assay (IGRA) blood test at initial employment in a child care setting. Subsequent testing is not required unless directed by a physician, physician's assistant, CRNP, the Department of Health or a local health department.

<b>MANTOUX TEST DATE:</b>	<b>RESULTS:</b> <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <b>Results (mm):</b>
<b>IF SKIN TEST IS POSITIVE:</b>	<b>REPORT OF CHEST X-RAY (Please attach an official radiology report)</b>
	<b>DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>

Please note: For the purposes of meeting the child care facility regulations, a person with a positive tuberculin skin test or blood test and a negative x-ray is not required to have further tuberculosis testing or x-rays, unless the person is exposed to an active case of tuberculosis or the person develops a productive cough which does not respond to medical treatment within 14 days. Skin test must be current within 3 months.

**SECTION 2: EARLY CHILDHOOD EDUCATION STUDENTS AND CHILD CARE STAFF ONLY**

This physical examination is for the purpose of activities related to child care. The types of activities this individual will be doing are as follows (please indicate all that apply):

<input checked="" type="checkbox"/> Lifting, carrying children	<input type="checkbox"/> Desk work	<input type="checkbox"/> Other (describe below):
<input checked="" type="checkbox"/> Close interaction with children	<input type="checkbox"/> Driver of vehicle(s)	
<input checked="" type="checkbox"/> Food preparation	<input type="checkbox"/> Facility maintenance	

**SECTION 3: EARLY CHILDHOOD EDUCATION STUDENTS AND CHILD CARE STAFF ONLY**

**THIS SECTION TO BE COMPLETED BY PHYSICIAN, PHYSICIAN'S ASSISTANT OR  
CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)**

1. DID YOU CONDUCT A PHYSICAL EXAMINATION? YES  NO   
The physical examination should include a functional assessment of vision and hearing and a systems review looking for conditions that might affect performance or predispose this individual to occupational injury relating to the type of activities required by the job (see type of job listed above.) Conditionals also include frequent hand washing, the stress of caring for groups of children, ability to actively supervise children, and exposure to the common infections of childhood. Please take note that substance abuse should be considered in determining suitability to provide child care.

2. DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES? YES  NO   
If yes, attach separate sheet(s) to describe the conditions and the risk it might pose to others exposed to this individual.

3. BASED ON YOUR FINDINGS FOR #1 AND #2 ABOVE AND OTHER INFORMATION GATHERED DURING YOUR EXAMINATION, IS THIS INDIVIDUAL SUITABLE TO PROVIDE CHILD CARE? YES  NO

IF YOU ANSWERED "NO" TO QUESTION #3, please list any information regarding this individual's medical condition or other information gathered during your examination that might threaten the health of children or prohibit the individual from providing safe and adequate care to children. Please attach separate pages as needed.

DATE	SIGNATURE	TITLE
TELEPHONE NO.	PRINTED NAME	
ADDRESS		

PLEASE NOTE\*\*\* A PHYSICAL EXAM IS REQUIRED EVERY TWO YEARS WHILE IN THE EARLY CHILDHOOD EDUCATION PROGRAM. A TUBERCULIN SKIN TEST IS ONLY REQUIRED ONE TIME.

Please submit this form to the NCC Education Department:  
Phone: 610-861-4561 Fax: 610-861-4110 Email: Education@northampton.edu Mail: Reibman 137, 3835 Green Pond Road, Bethlehem, PA 18020

## APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: **RA-PWNSOR@pa.gov** In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

### Purpose of the National Sex Offender Registry Verification (Check one box only)

- Individual 18 years or older residing in the facility where child care is occurring.
- Individual working for a Regulated Child Care Provider.
- Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Volunteer of a child-care provider, group-daycare home or family child care home.

### Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number (XXX-XX-XXXX): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Daytime Phone Number (XXX-XXX-XXXX): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For CVU internal use only

Date application received at CVU:

Date emailed/mailed to the applicant:



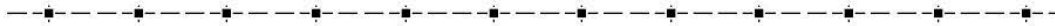
Northampton  
Community College



Early Childhood Education  
Personal Reference Inquiry

\_\_\_\_\_ is a student enrolled in ECE at Northampton  
(name)

Community College. Should you have any questions or concerns, please contact the  
Early Childhood Education Department at 610-861-4561.



1. How long have you been acquainted with this student? \_\_\_\_\_

2. In what capacity are you associated with him/her? \_\_\_\_\_

3. Do you regard this person as (check all that apply):

\_\_\_\_\_ Reliable?

\_\_\_\_\_ Responsible?

\_\_\_\_\_ Comfortable and relaxed with children?

\_\_\_\_\_ Understanding and empathetic?

\_\_\_\_\_ Flexible?

4. Do you know any reason why this person should not be involved in direct child care?

\_\_\_\_\_  
\_\_\_\_\_

5. Is there anything else you can add about this person's character, personality or abilities  
that would be any reason not to be enrolled in a teacher preparation program?

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_