

2015 Child Protective Services Law – (3 Required Clearances) Rev. 8-21-23

The state of Pennsylvania recently revised parts of the Child Protective Services Law (CPSL). One of the changes that affects ALL employees is the requirement that clearances need to be renewed every **60** months and then every **five** years thereafter. The three clearances can be accessed at the following links:

1) Act 34 Clearance (PA Criminal Record Check):

<https://epatch.pa.gov>

or call 1-888-783-7972

2) Act 114 Clearance (Federal Criminal History Record - fingerprint):

<https://uenroll.identogo.com>

or call 1-855-845-7434

Select PA, PDE, Employment or use service code 1KG6XN

3) Act 151 Clearance (PA Child Abuse History Clearance):

<https://www.compass.state.pa.us/CWIS/Public/Home> (click on create account),

or call 1-877-371-5422

Per Pennsylvania Public School Code, **a pre-employment medical examination, including TB test, are required for all school employees.** (Use form "School Personnel Health Record" H511-340)

**SCHOOL PERSONNEL HEALTH RECORD
(FOR USE AFTER OFFER OF EMPLOYMENT HAS BEEN MADE)**

I. INFORMATION

School Position Offered _____

| | | | | |
|-------------------------|-------|------------|-------|---------------|
| Last Name | First | MI | Sex | Date of Birth |
| Home Phone | | Cell Phone | | Work Phone |
| Mailing Address: Street | | City | State | Zip |

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Telephone number: _____

(Home) _____ (Work) _____ (Cell) _____

II. IMMUNIZATION HISTORY (Recommended, but not mandated by law)

| VACCINE <small>Check appropriate box</small> | Enter Month, Day, and Year Each Immunization DOSE Was Given | | | | |
|--|--|---|--|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Diphtheria, Tetanus with Pertussis <input type="checkbox"/> Td <input type="checkbox"/> TdaP | | | | | |
| Hepatitis B | | | | | |
| Measles-Mumps-Rubella (MMR) | | | Rubella Serology/Date/Titer Mumps disease diagnosed by a physician: Date Measles Serology/Date/Titer | | |
| Varicella <input type="checkbox"/> Vaccine <input type="checkbox"/> Disease <input type="checkbox"/> Serology Date: Neg/Pos | | | | | |
| Influenza | | | | | |

III. TUBERCULOSIS SKIN TEST RESULTS (Testing required per Regulations of the Department of Health)

| DATE GIVEN | SITE: LA / RA | GIVEN BY: | ANTIGEN NAME | MANUFACTURER / LOT # / EXP DATE | SIGNATURE |
|------------|------------------|-----------|-------------------|------------------------------------|-----------|
| | | | | | |
| DATE READ | RESULTS in MM | | READ BY SIGNATURE | | |
| | | | | | |

OR

IGRA TEST RESULTS

| DATE COLLECTED | TEST NAME (QFT-GIT, T-SPOT, etc) | POSITIVE | NEGATIVE | INDETERMINATE | QUANTITATIVE RESULT |
|----------------|----------------------------------|----------|----------|---------------|---------------------|
| | | | | | |

DATE TEST COMPLETED _____

SIGNATURE _____

Previously known/new positive reactors: _____

Chest X-ray:
(Attach a copy of the report.)

Date: Results:

Other:
(Attach a copy of the report.)

Date: Results:

Preventive Anti-Tuberculosis Chemotherapy ordered: No Yes Date: _____

IF SIGNIFICANT REACTION WAS REPORTED, THE PRIMARY CARE PROVIDER REPORT MUST STATE THAT THE APPLICANT IS CURRENTLY FREE FROM TUBERCULOSIS DISEASE.

IV. MEDICAL CONDITIONS (✓)

| | Yes | No | If Yes, Explain: |
|---------------------------------|--------------------------|--------------------------|------------------|
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Cardiac | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Chemical Dependency | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Drugs | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Diabetes Mellitus | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Gastrointestinal Disorder | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hearing Disorder | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Neuromuscular Disorder | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Orthopedic Condition | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Respiratory Illness | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Seizure Disorder | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Skin Disorder | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Vision Disorder | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

V. PHYSICAL EXAMINATION (✓)

| | NORMAL | ABNORMAL | NOT EXAMINED | COMMENTS |
|-------------------------------|--------|----------|--------------|----------|
| Height (inches) | | | | |
| Weight (pounds) | | | | |
| Pulse | | | | |
| Blood Pressure | | | | |
| Hair/Scalp | | | | |
| Skin | | | | |
| Eyes – Visual Acuity: RL | | | | |
| Eyes – Color Vision | | | | |
| Ears – Hearing (dB) RL | | | | |
| Nose and Throat | | | | |
| Teeth and Gingiva | | | | |
| Lymph Glands | | | | |
| Heart – Murmur, etc... | | | | |
| Lungs – Adventitious Findings | | | | |

| | | | | |
|----------------------|--|--|--|--|
| Abdomen | | | | |
| Genitourinary | | | | |
| Neuromuscular System | | | | |
| Extremities | | | | |

Are there any special medical problems or chronic diseases which require restriction of activity, medication which might affect his/her work role? If so, specify

Are there any special equipment or accommodations needed to enable this person to perform their duties? If so, specify

Physician Name (Print) Signature of Examiner

Date

Physician Address

The statements and answers as recorded above are full, complete and true to the best of my knowledge and belief. I understand that any false or misleading statements may cause termination of my employment.

I authorize the physician or other person to disclose any knowledge or information pertaining to my health to the employing authority for whom this examination is performed.

Signature of Employee

Date

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
1-888-QUERYPA (1-888-783-7972)**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.pa.gov>

| | |
|------------------------------|--|
| REQUESTER NAME | |
| ADDRESS | |
| CITY/STATE/ ZIP CODE | |
| TELEPHONE NO. (AREA CODE) | |

| |
|--|
| FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER |
| AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 DO NOT SEND CASH OR PERSONAL CHECK |
| CHECK ONE BLOCK <input type="radio"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$22.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE <input type="radio"/> NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$27.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE <input type="radio"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE |

| | | | | |
|--------------------------------|------------------------|-------------------------------|---------------|----------------|
| SUBJECT OF RECORD CHECK | | | | |
| (FIRST) | (MIDDLE) | (LAST) | | |
| MAIDEN NAME AND/OR ALIASES | SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY) | SEX Select | RACE Select |

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.

FEEES FOR REQUESTS - \$22.00. NOTARIZED FEE REQUESTS - \$27.00.
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****

| | |
|--|----------------------------------|
| REASON FOR REQUEST | |
| ◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶ | |
| <input type="radio"/> INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$27.00 FOR REQUEST) | |
| <input type="radio"/> ADOPTION (DOMESTIC) | <input type="radio"/> EMPLOYMENT |
| <input type="radio"/> VISA | <input type="radio"/> OTHER |

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.



Enter your Service Code to get started.

| | |
|--------|----|
| 1KG6XN | GO |
|--------|----|

Don't know your Service Code?

Contact your agency or [click here](#). ([/service-code-lookup](#)).

IdentoGO® has a growing number of convenient locations across the U.S. to meet your identity-related needs.

▲ Labor Day

[See All Important Notices](#)

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---|--|
| <input type="checkbox"/> Foster parent <input type="checkbox"/> Prospective adoptive parent <input type="checkbox"/> Employee of child care services <input type="checkbox"/> School employee governed by the Public School Code <input type="checkbox"/> School employee not governed by the Public School Code <input type="checkbox"/> Self-employed provider of child-care services in a family child-care home <input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service <input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program <input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE: <input type="checkbox"/> Big Brother/Big Sister and/or affiliate <input type="checkbox"/> Domestic violence shelter and/or affiliate <input type="checkbox"/> Rape crisis center and/or affiliate <input type="checkbox"/> Other: _____ <input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) |
|---|--|

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

- Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

| | | | |
|--|--|----------------------------|--------|
| FIRST NAME | MIDDLE NAME | LAST NAME | SUFFIX |
| SOCIAL SECURITY NUMBER ____ - ____ - ____ | GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported | DATE OF BIRTH (MM/DD/YYYY) | AGE |

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

| HOME ADDRESS | MAILING ADDRESS (if different from home address) | OTHER ADDRESS (if Consent/Release of Information Authorization form is attached) |
|--|---|--|
| ADDRESS LINE 1 | ADDRESS LINE 1 | ADDRESS LINE 1 |
| ADDRESS LINE 2 | ADDRESS LINE 2 | ADDRESS LINE 2 |
| CITY | CITY | CITY |
| COUNTY | COUNTY | COUNTY |
| STATE/REGION/PROVINCE | STATE/REGION/PROVINCE | STATE/REGION/PROVINCE |
| ZIP/POSTAL CODE | ZIP/POSTAL CODE | ZIP/POSTAL CODE |
| COUNTRY | COUNTRY | COUNTRY |
| <input type="checkbox"/> Different mailing address | ATTENTION | ATTENTION |

CONTACT INFORMATION

| | | |
|---|-----------------------|-------------------------|
| HOME TELEPHONE NUMBER | WORK TELEPHONE NUMBER | MOBILE TELEPHONE NUMBER |
| EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.) | | |

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

| PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.) | | | |
|---|--------|------|--------|
| First | Middle | Last | Suffix |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

| PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.) |
|---|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |
| 10. |

| HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.) | | | | |
|---|---|-------------|--------|--|
| Name (First, Middle, Last) | Relationship | Present Age | Gender | |
| 1. | <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you | | | |
| 2. | <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

I affirm that 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 (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE
DATE

| CHILDLINE USE ONLY | | |
|----------------------------|---|--------------------|
| DATE RECEIVED BY CHILDLINE | SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____ | CERTIFICATION ID # |

INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
 - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
 - (2) An area vocational-technical school.
 - (3) A joint school.
 - (4) An intermediate unit.
 - (5) A charter school or regional charter school.
 - (6) A cyber charter school.
 - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
 - (8) A private school accredited by an accrediting association approved by the state Board of Education.
 - (9) A non-public school.
 - (10) An institution of higher education.
 - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
 - (12) The Hiram G. Andrews Center.
 - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
 - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a **program, activity, or service, as a person responsible for the child's welfare or having direct contact with children:** Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
 - A youth camp or program;
 - A recreational camp or program;
 - A sports or athletic program;
 - A community or social outreach program;
 - An enrichment or educational program; and
 - A troop, club, or similar organization
 - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
 - Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
 - Check the box for **individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.

- Check the box for **individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the **volunteer having direct volunteer contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.
- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a **"PAYMENT AUTHORIZATION CODE"** by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

Applicant Demographic Information:

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

Address:

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

Contact Information:

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

Previous Names Used Since 1975:

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

Previous Addresses Since 1975:

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

Household Members:

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

Signature:

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

CHILDLINE USE ONLY:

- Please **DO NOT WRITE** in this section. This is for CHILDLINE staff only.

Additional Information:

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.