

APPLYING FOR CLEARANCES

1. PA Criminal Record Check (Act 34)

- <http://epatch.state.pa.us>
- \$10.00 fee (credit card)
- Print clearance immediately

2. PA Child Abuse (Act 33/151)

- Complete paper application and mail in with a \$10.00 money order
- Clearance will be mailed to applicant within 4-6 weeks

3. FBI Federal Criminal History Record

- Register online www.pa.cogentid.com with credit card (Fee: \$28.75)
Click on Pennsylvania and then Department of Education
(The fee includes an automatic mailed unofficial copy of results directly to each applicant.)
- Take online registration receipt and a photo ID to:
UPS Store
3945 Forbes Avenue
412-621-6261
10am - 7pm M-H
11am - 3pm Saturday
(You may check your local UPS Store to see if they provide this service.)
- Students can submit either a copy of their clearance or the PAE number.

4. Tuberculin (TB) Test

- Pitt's Student Health Service, Medical Arts Building, Suite 500 in Oakland by appointment:
412-383-1800 (Fee: \$15)
- MedExpress walk in clinics (Fee: \$30)
- Concentra Urgent Care, 120 Lytton Avenue in Oakland: 412-621-5430
(Fee: \$28)
- Student's primary care physician (Fees or copays vary)
- Allegheny County Health Department in Oakland **NO LONGER PROVIDES THIS SERVICE.**

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY
DATE RECEIVED BY CHILDLINE

SECTION I **APPLICANT IDENTIFICATION**

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME _____

STREET _____

CITY, STATE ZIP CODE _____

SOCIAL SECURITY NUMBER _____

AGE _____	DATE OF BIRTH _____	DAYTIME PHONE NO. _____
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN _____

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

1 (FIRST, MIDDLE, LAST) _____ 2 (FIRST, MIDDLE, LAST) _____ 3 (FIRST, MIDDLE, LAST) _____

PURPOSE OF CLEARANCE (Check ONE block ONLY)

CHILD CARE
 VOLUNTEERS - A copy of your PROCESSED "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FD-258).
 CWEP (Community Work Experience Program Participant)

FOSTER CARE
 ADOPTION
 SCHOOL

SIGNATURE OF CAO REP _____ CAO PHONE NO. _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1. _____

2. _____

3. _____

4. _____

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present)

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

I certify 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).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II **RESULTS OF HISTORY CHECK**

APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.
 APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

VERIFIER _____ DATE _____ VERIFIER'S SUPERVISOR _____ DATE _____