

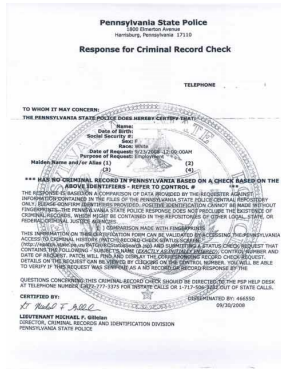


Independent Contractor Clearance Information

All Independent Contractors providing services to the Capital Area Intermediate Unit (CAIU) that **WILL** have **direct** contact with children are required to have completed the following and submit copies of all results to the CAIU: (items are required prior to the Contactor beginning provision of services):

PA State Police Criminal History Check Clearance Act 34

- Go to website: [PA STATE POLICE ACT 34](#)
- Click on *Submit a New Record Check*
- There is a \$22 non-refundable fee for each request made
- Go to "Submit a New Record Check" and accept the terms and follow the *Individual Request* process
- Be sure to print/save confirmation of the receipt for proof of submission
- Immediately after submission, you will receive a status: *no record, request under review, pending*
- Results must be within one (1) year prior to the start of your CAIU contract



****Example of final PA State Police Criminal History clearance appearance****

FBI Fingerprint Clearance Act 114

- You **must** register online before walking into a site to have your fingerprints taken
- Go to website: [FBI CLEARANCE ACT 114](#)
- Use service code (1KG6S7)
- Cost for this is \$23.85 to secure an unofficial copy of the Criminal History Record
- After fingerprints have been completed you will receive confirmation of results via mail or email
- Results must be within one (1) year prior to the start of your CAIU contract



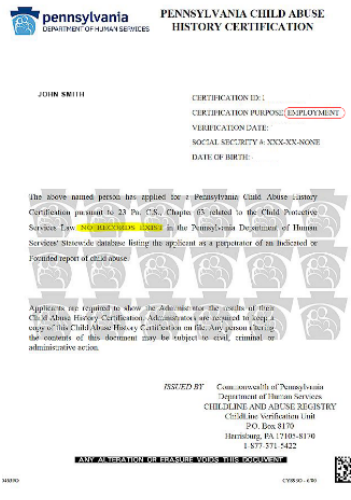
****Example of final FBI Fingerprint Clearance appearance****

Act 126 Mandated Reporter Training

- Please provide the certificate you received for completing the training
- If you have not completed a Mandated Reporter Training within the last 5 years, follow this link: [MANDATED REPORTER ACT 126](#)
- Cost for this training is free. Timeframe for this training is about 3 hours
- Registration instructions can be found here: [TRAINING INSTRUCTIONS](#)
- Results must be within one (5) years prior to the start of your CAIU contract

PA Child Abuse Clearance Act 151

- Go to website: [PA CHILD ABUSE ACT 151](#)
- Either *Create Individual Account* (if never completed before) or *Individual Login* (if completed before)
- You will either need to access your clearances to provide a copy if within the year, or will need to follow the process to complete a new clearance request
- The cost for this clearance is \$13.00
- Most results appear within 10 minutes of submission – you will be notified via email
- Results must be within one (1) year prior to the start of your CAIU contract



****Example of final Child Abuse clearance appearance****

Tuberculosis (TB) Testing with a Negative Result

- Most insurances cover the cost of this test
- All test must be completed and read within the 72 medical guidelines
- Please ensure adequate times and appointments for this test to be completed
- Results must be within three (3) months prior to the start of your CAIU contract

Sexual Misconduct Clearance Act 168

- This form must be completed by your current and previous employers where you have worked with children
- Once your employer completes and signs the form, they will need to mail it to Nyla Kater at the CAIU
- The form is attached
- Form(s) must be completed within one (1) month prior to the start of your CAIU contract

COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT CLEARANCE DISCLOSURE RELEASE
(under Act 168 of 2014)

(Having school entity or independent contractor submit this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

To: Name of Current or Former Employer: No applicable employment

Street Address: _____
City, State, Zip: _____
Telephone Number: _____ Fax Number: _____ Email: _____
Contact Person: _____ Title: _____

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. This individual screen process requires a release from applicable employment with your entity. We request you provide the information requested in SECTION 2 of this form within 30 calendar days as required by Act 168 of 2014.

SECTION 1. APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR FORMER EMPLOYMENT TO DISCLOSE)

Applicant's Name (Last, Middle, Last): _____
Any former names by which the Applicant has been identified: _____
DOB: _____
Last 4 digits of Applicant's Social Security Number: _____ (PPP if applicable)
Approximate dates of employment with the entity listed above: _____
Position(s) held with the entity: _____

Pursuant to Act 168, an employee, school entity, administrator, or other independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPD, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such records shall be in addition to and not in lieu of any other immunity provided by law or any absolute or conditional privilege applicable to such disclosure for the purpose of the implementation of the applicant's research function. Under Act 168, the individual is required to provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.

****Example of the Sexual Misconduct Form appearance****

Arrest/ Conviction Report and Certification Form 6004

- This form must be completed by you in its entirety
- You will need to mail it to Nyla Kater at the CAIU
- Click the link to be taken to the form: [FORM 6004](#)
- Form must be completed within one (1) month prior to the start of your CAIU contract

1 of 3

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. §§ 1111(a) or 1113 ("Reportable Offenses"). See Page 3 of this form for a list of Reportable Offenses.

Details of Arrest or Conviction

For each arrest for or conviction of any Reportable Offense, specify in the space below (in an additional attachment 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 code.

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 accessory facilitation to conviction.

Signature: _____ Date: _____

8006-0000-01-001-0000

****Example of the Arrest/Conviction Form appearance****

****All CAIU Independent Providers are deemed Independent Contractors through the IRS. No taxes are withheld by the CAIU. For more information about the IRS tax procedure, please visit the [Independent Contractor IRS](#) website.**