

## Background Check Attestation: Personal Care Attendants (PCA) and Visiting Medical Personnel

Rev. 1.6.25

### Instructions

In accordance with Albright College policy and the Pennsylvania Child Protective Services Law, 23 Pa. C.S. §6301, *et seq.*, you must complete this form if you are requesting to be on Albright campus as a Personal Care Attendant employed by a student. Your responses below must be complete and truthful. Please read this entire document carefully. If you have any questions, please contact the Director of Student Accessibility and Advocacy (SAA) by phone at (610) 921-7503.

**Per the PCA/visiting medical staff agreement, all PCA's (visiting medical staff) should have new clearances completed by their employer no more than 3 weeks prior to the start of the semester or school year or within a mutually agreed upon time. Clearances should be attached to this form and will be held in hard copy form only.**

**Substitute PCAs (visiting medical staff) should have clearances on file with the agency in accordance with their employer's policies, not to exceed 5 years in age. Clearances do not need to be attached to this form.**

- Section 1: Please initial
- Section 2: Please check the appropriate box regarding the existence or non-existence of reportable offenses. If you have any question as to whether to report an offense, you should report it. NOTE: The existence of a reportable offense does not necessarily preclude your permission to be on Albright's campus as a PCA (visiting medical staff). Responses will be considered on an individualized basis. PCAs (visiting medical staff) with possible reportable offences may not be on campus prior to discussion and Albright approval.
- Section 3: Please sign and date where indicated.

This form should be submitted electronically to the Student Accessibility and Advocacy office prior to arrival on campus via fax at 610-929-6793 or via email at [SAA@albright.edu](mailto:SAA@albright.edu)

**If this form is being submitted for a substitute aide outside of office hours (M-F 8:30- 4:30), it should be submitted electronically AND presented in hard copy to the Public Safety office upon arrival to campus.**

**PRINTED FULL LEGAL NAME:** \_\_\_\_\_

Please select one:

- Permanent PCA/Visiting Medical Staff  
 Substitute PCA/Visiting Medical Staff (not to exceed 14 days substitution)

## Section 1: Background Checks

\_\_\_\_\_ I have the following clearances on file with the agency with whom I am employed.

- Pennsylvania State Police Request for Criminal Records Check (Act 34)
- Department of Public Welfare Child Abuse History Clearance (Act 151)
- Federal Criminal History Record Information (CHRI) in a manner prescribed by the Department of Education.
- Sex Offender Registry: Multi-state sex offender registry searches conducted at the state level in all 50 states and the District of Columbia
- Results of drug screening (permanent PCAs or visiting medical staff only)

## Section 2: Information Regarding Reportable Offenses

For purposes of this Section 2, the following are **Reportable Offenses**:

- A. A conviction under any of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes, or any offense similar in nature under the laws or former laws of the U.S. or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico, or a foreign nation or under a former law of the Commonwealth of PA, regardless of when it occurred:
- Chapter 25 relating to criminal homicide
  - Section 2702 relating to aggravated assault
  - Section 2709.1 relating to stalking
  - Section 2901 relating to kidnapping
  - Section 2902 relating to unlawful restraint
  - Section 3121 relating to rape
  - Section 3122.1 relating to statutory sexual assault
  - Section 3123 relating to involuntary deviate sexual intercourse
  - Section 3124.1 relating to sexual assault
  - Section 3125 relating to aggravated indecent assault
  - Section 3126 relating to indecent assault
  - Section 3127 relating to indecent exposure
  - Section 4302 relating to incest
  - Section 4303 relating to concealing death of a child
  - Section 4304 relating to endangering welfare of children
  - Section 4305 relating to dealing in infant children
  - A felony offense under section 5902(b) relating to prostitution and related offenses
  - Section 5903(c) or (d) relating to obscene and other sexual materials and performances
  - Section 6301 relating to corruption of minors
  - Section 6312 relating to sexual abuse of children
  - The attempt, solicitation or conspiracy to commit any of the preceding offenses

- B. A felony conviction under the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or any offense similar in nature under the laws or former laws of the US or one or its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico, or a foreign nation or under a former law of the Commonwealth of PA, within the past five years.
- c. Your inclusion in the Pennsylvania Department of Human Services (formerly Department of Public Welfare) statewide database as a perpetrator of a founded report of child abuse within the past five years.

\_\_\_\_\_ By initialing here, I certify that I am not the subject of any new Reportable Offense since my most recent clearances were completed.

\_\_\_\_\_ By initialing here, I certify that I may be the subject of a new Reportable Offense. PCAs or visiting medical staff with a possible new offence may not be on Albright campus. I understand that I am not permitted to be on Albright campus. An Albright representative will contact the agency to discuss this.

**Section 3: Acknowledgement, Affirmation and Signature**

By signing below, I acknowledge that:

- False or incomplete statements made herein may subject me to removal from the Albright Campus.
- All required clearances are on file with the agency by whom I am employed. A copy of these clearances will be provided to Albright upon request.

**I SWEAR OR AFFIRM THAT THE STATEMENTS MADE ABOVE ARE ACCURATE AND COMPLETE.**

PCA/Visiting Medical Staff Name Printed	PCA/Visiting Medical Staff Signature	Date Signed
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Agency Representative Name Printed	Agency Representative Signature	Date Signed
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Date of Clearances on File	Agency Name	Agency Phone Number
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Agency Address