



OUR LADY OF PERPETUAL HELP SCHOOL

3221 SANTEE ROAD, BETHLEHEM, PA 18020
PHONE: 610.868.6570 | WWW.OLPHBETH.ORG | FAX: 610.868.7941

Safe Environment Checklist - All Volunteers

- Background Authorization Form** - Complete the [Background Check Authorization Form](#).
- Fingerprinting** - Go to the [IndentoGO website](#) and volunteers use service code 1KG6ZJ for a Department of Human Services (DHS) background check. Please submit a copy of the response. For Employer, please use OLPH, 3219 Santee Rd, Bethlehem PA 18020. If you have DHS prints from your employer, a copy of those can be accepted. Email Monica for a payment code.
- Criminal History Record Check**: Follow the steps for a New Volunteer Record Check on the [Pennsylvania Access to Criminal History website](#). Please submit a copy of the clearance form.
- Child Abuse Clearance**: Create an individual account on the Child Welfare Portal. Apply as a volunteer. www.compass.state.pa.us/cwis/public/home. Email Monica for a payment code.
- Protecting God's Children Session**: The Protecting God's Children program is a virtual training that includes videos and question and answer segments. All clergy, employees, or volunteers who interact with children are required to attend. Currently Protecting God's Children is once and done. Please visit the [Virtus](#) website to register.
- Mandated Reporter Training**: Online training on Recognizing and Reporting Child Abuse (approximately a 3-hours). Click [here](#) for complete instructions. Two options for the training are listed below (please choose only one):
 1. Pennsylvania Child Welfare Resource Center website (self-paced course) at www.reportabusepa.pitt.edu.
 2. PA Family Support Alliance (Zoom training) at <https://pafsa.org/>
- Child Protective Services Law**: Please read the [Child Protective Services Law](#). Download, print and sign the Child Protective Services Law Policy [Acknowledgement Form](#).
- Code of Conduct 2022**: Please read the revised [Diocesan Code of Conduct for Clergy, Lay Employees and Lay Volunteers](#). Download, print and sign the [Acknowledgement Form](#).
- Sexual Abuse Policy 2022**: Please read the revised [Sexual Abuse Policy](#). Download, print and sign the [Acknowledgement Form](#).
- Social Media and Electronic Communications Policy 2025**: Please read the [Social Media Policy](#). Download, print and sign the [Acknowledgement Form](#).
- National Sex Offender Registry (NSOR)**: [Applications](#) should be submitted to the DHS directly. You will need a copy of the response from the state. Clearance is required every 5 years. Please select: Volunteer of a child-care provider, group-daycare home or family child care home.

Once you have compiled all of the paperwork for all of the items on the checklist, put them in an envelope marked **Safe Environment Coordinator - Attention Monica Henrich**. Envelopes can be dropped off at the school or parish offices or emailed to lsec@my-olph.org.

Please **MAKE A COPY OF EACH ITEM** to keep for your records before sending the information to the office.



DIOCESE OF ALLENTOWN
 OFFICE OF CATHOLIC HEALTH,
 HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
 POST OFFICE BOX F
 ALLENTOWN, PENNSYLVANIA 18105-1538
Background Check Authorization Form

Have you resided in the State of Pennsylvania for more than a year?
 Yes _____ No _____

Does position require interaction with children? Yes ___ No ___

UEID _____

- | | |
|------------------------------|----------------------------------|
| Location Type: | Diocesan Position: |
| <input type="radio"/> Parish | <input type="radio"/> Contractor |
| <input type="radio"/> School | <input type="radio"/> Employee |
| <input type="radio"/> Both | <input type="radio"/> Priest |
| | <input type="radio"/> Religious |
| | <input type="radio"/> Teacher |
| | <input type="radio"/> Volunteer |

PERSONAL INFORMATION - PLEASE PRINT

Full Name _____ Female
 Last First Middle Male

Alias(es) _____ Race _____
 Last First Middle

Date of Birth: ___ / ___ / ___ Social Security Number _____
 Mm dd yyyy Employees Only

Current Address: _____
 Street Address Apartment Number

 City State Zip Code

Phone: _____ Email Address: _____

Diocesan Location _____
 Site Name (IE St. Joseph) City (Bethlehem)

ACKNOWLEDGEMENT SIGNATURE

I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquires and sharing this information with another Roman Catholic Diocese, as necessary.

 Signature Date

* Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.

* Parish /School must retain a copy of this completed form in the employee/volunteer's file.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

DIOCESE OF ALLENTOWN

Instructions to Obtain DHS Fingerprints for all Volunteers

Go to the registration site: <https://uenroll.identogo.com/>

Enter your Service Code to get started

- **Volunteer** – **1KG6ZJ** for DHS Volunteer

Select Schedule or Manage Appointment.

During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk (*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- You will be asked to fill in Employee Information, please enter
Employee Name: Diocese of Allentown
Country: United States
Address Line 1: PO Box F
Address Line 2: - leave blank-
City: Allentown
State: Pennsylvania **Postal Code:** 18105-1538
- You will be asked if your mailing address is the same as your residential address, please select **NO**
When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown PA. 18105. Please enter your home address in the residential address area.

Payment Code

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once you have finished entering your information, you can choose a fingerprint location by zip code. Select an appointment time and schedule your fingerprints.
- Print a copy of the confirmation to take with you to fingerprinting appointment AND for your records.
- At the time of your appointment, you will receive a printed receipt, please give a copy to your location, keep the original for your files.
- An official copy of your results will be sent to your email address if you selected to be contacted through email. Please do not open on your phone. Your unofficial results are only available once, through a one-time use link. **Do NOT login with your phone** because the system doesn't allow letters pulled via mobile devices, but it does count as your single login. Only use the link provided by Identogo when you are on a computer and have the ability to save and print it. Please keep this copy (either from email or regular mail) for your records.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

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DIOCESE OF ALLENTOWN
Instructions to Obtain VOLUNTEER

Child Abuse History Certification Clearances

<https://www.compass.state.pa.us/cwis/public/home>

Create and Access an Individual Account

1. Use the address above to access the site to apply for a clearance.
2. You will need to begin the process of applying for a Child Abuse Clearance by creating an individual account. Click the "Create an Individual Account" button.
3. Read the information for creating a Keystone ID on the "Create Keystone ID: General Information" page. Click Next.
4. Create a Keystone ID. It can be any user name that you are familiar with for example: lastnamefirstinitialmiddleinitial like "smithab."
5. Be sure to write down your chosen questions and the answers exactly. You will need the exact spelling of the answer for future use when asked the question as a security measure.
6. At this point you will receive an email with your Keystone ID (user name). Print this email for your records. You will receive a second email with a temporary password. Copy just the password for you next login.
7. Login to the system by clicking "Individual Login" on the home page given above.
8. Click "Access my Clearances."
9. Use your Keystone ID and the temporary password you received in your email to login to the system.
10. Choose a method to verify your identity, either answering security questions or receiving a verification code at your email address.
11. Answer "What type of device are you using?" with one of the following options:
 - a. "Public" as in a public device like one that might be at a library or a school
 - b. "Private" as in a private device that you own
12. Set a permanent password and write it down for your records. Close the window.
13. Login to the system (web address above) again using your Keystone ID and the permanent password that you have set.
14. Once you have logged in, you will be taken to the "My Child Welfare Terms and Conditions" page. Read through it and then select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions" box at the bottom of the page and click "Next".
15. Click "Continue."

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

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Applying for a Child Abuse History Certification

16. Click "Create a Clearance Application."
17. Click "Begin"
18. Volunteers should select "**Volunteer having contact with children**" for the Application purpose:
 - a. **Please note:** Volunteer clearances cannot be used for employment.
19. Enter all requested information. Make sure to include a local address that you have access to, so that you can receive a mailed copy of your results in addition to an electronic copy, if so desired.
20. Be sure to include your social security number that you can receive your results in a timely manner. Applications without a social security number provided can take more time to return results.
21. When you are listing the people you have lived with, please be sure to include your parents, even if you have not lived with them in the last 25 years. This will prevent the application from being kicked back for insufficient information.
 - a. All applicants who were under 18 years of age in 1975 must list their parents or guardians among their Household Members.
 - b. Those who have passed can still be listed. You can note this rather than giving an age.
22. If you have received a free volunteer code (See label below), please enter it when asked to do so.

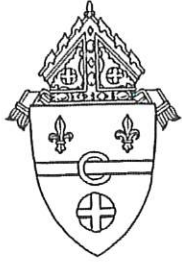
23. Once you have completed the application click "Submit." Make note of the application number that shows at the end.

Next Steps:

You should receive an email that your application was received. You will also receive an email when your clearance is ready to access online. If you requested to receive a paper copy in the mail, that should arrive within 2 to 3 weeks, as long as the information you provided was accurate to the best of your knowledge and complete to the satisfaction of ChildLine.

If your application resulted in a letter requesting missing information, you may respond to this either by writing the information on the letter and mailing it back to ChildLine (address at the end of the letter), or you may call the ChildLine Verification Unit using the phone number on the letter to provide the missing information.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE



**DIOCESE OF ALLENTOWN
SECRETARIAT FOR CATHOLIC HUMAN SERVICES
AND YOUTH PROTECTION
Post Office Box F
Allentown, Pennsylvania 18105-1538**

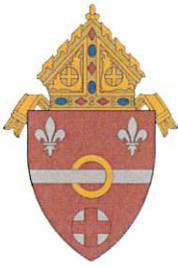
Instructions to Obtain Mandated Reporter Certificates

Mandated Reporter Training

The Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training course is available online. All clergy, employees, or volunteers who interact with children are required to attend. Mandated Reporter Training expires every 5 years. Please keep you login information for future trainings.

1. Pa Family Support Alliance website: <https://pafsa.org/>
 - a. Click on "Trainings & Programs" at the top of the page
 - b. Select "Mandated Reporter Training"
 - c. Scroll down the page until you see "Upcoming Virtual Sessions at no cost"
 - d. Look for Virtual Sessions in (month), (click here)
 - d. Select a date and time that works for you
 - e. Fill in all the required boxes marked with * (an asterisk)
 - f. Select "Register"
 - g. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
 - h. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

2. University of Pittsburgh's website:
<https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx>
 - a. Fill out all required information (blue fields) to create an account.
 - b. Click "Submit" to create a username and password.
 - c. Login using your new credentials in the "Welcome" tab.
 - d. Complete the 3-hour (minimum) training course.
 - e. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.




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OFFICE OF CATHOLIC HEALTH,
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Instructions to Obtain PGC Certificates

Protecting God's Children Program (PGC)

The Protecting God's Children™ program is a virtual training that includes videos and question and answer segments. All clergy, employees, or volunteers who interact with children are required to attend. Currently Protecting God's Children is once and done.

1. Please visit <https://www.virtusonline.org/virtus/>
2. Select the **"First-Time Registrant"** button
3. Select  **"Begin the registration process"**
4. Using the dropdown arrow select **"Allentown, PA (Diocese)"**
5. Click **"yes or no"** if you have previously registered with Virtus. Select **"No"** if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all ***items**. Do not select **"No Email,"** you must have an email address to do the virtual training.
8. Please select the primary location you will be volunteering/employed
Please select at least one primary role you perform at this location
Please select any additional roles you perform at this location
Please enter your actual title or position of service
9. Select **"Yes"** if you are associated with any other diocesan locations, **"No"** if you are not.
10. Please answer the four questions on the next page, by selecting **"Yes" or "No"**
11. Please print and read the documents on the next page, **select "I have read and understand this document", fill in your name and the date, select continue.**
12. On the next page **Select "Online Training" or "Online Spanish Training,"** then click the **"Continue Button"**
13. Have you already attended a VIRTUS Protecting God's Children Session? select **"Yes" or "No"**
14. If you selected **"No"** please select the training you'd like to take (English or Spanish).
15. Your home page will open, please click on [**You have 1 online module assigned**](#), to start your training.
16. Thank you for registering for Virtus Online.
17. Upon completion, please sign out. After 72 hours sign back into your account and print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator. Certificate can be found under training history.





Child Protective Services Law

All persons,(including volunteers) who come into contact with children at any time in the course of their work are considered mandated reporters of child abuse and are required by State Law to report to law enforcement authorities all cases of suspected child abuse. Any person who willfully fails to report child abuse commits a crime and is subject to prosecution.

- People who have reasonable cause to suspect that a child has been subjected to child abuse, or acts of child abuse, shall report immediately to the following: If you suspect a child is in imminent danger from abuse,

PLEASE CALL 911

- Call the PA Child Abuse Hotline (24-hours):

1-800-932-0313

- Complete the CY 47 form electronically at www.compass.state.pa.us/cwis, or complete the written form and fax or mail it to the appropriate Children and Youth Agency with 48 hours of your call to Childline.

Please call the Appropriate Office of Children and Youth Services:

Berks 610-478-6700

Bucks 215-348-6950

Carbon 570-325-3644

Lehigh 610-782-3064

Luzerne 570-826-8710

Northampton 610-559-3290

Monroe 570-420-3590

New Jersey 877-652-2873

Montgomery 610-278-5800

Schuylkill 570-628-1050

- The Pastor (or Board of Pastors of the Regional School) and Principal
- Email a copy of the CY-47 to Attorney Joseph Zator at

jzator@kingspry.com

The Diocese of Allentown urges any questions about the interpretation of the law be resolved in favor of reporting.

Ms. Pamela J. Russo
Office of the Secretary
Charter Compliance Officer
610-871-5200, Ext. 2204
prusso@allentowndioocese.org

Mrs. Wendy Krisak-Kalamar
Victim Assistance Coordinator
Direct: 1-800-791-9209
Fax: 610-439-7693
wkrisak@allentowndioocese.org

Mrs. Janice Woolley
Background Check/Audit/Training
Supervisor
610-871-5200, Ext. 2258
jwoolley@allentowndioocese.org

Flow Chart for Mandated Reporters



Call 911 if the child is in imminent danger.

Please choose either option A or B before making a report. Note that you should not call ChildLine (option A) if you intend to submit the CY-47 form online (option B). Calling and submitting the form online would constitute duplicate reports. Keep copies of all your correspondence and a record of whom you spoke to. Contact Pam Russo, Secretary for Catholic Health, Human Services, and Youth Protection, with any questions about the reporting process at 610-871-5200, ext. 2204 or at prusso@allentowndioocese.org

Option A

1 Call ChildLine and complete the CY-47 form by hand.

Call ChildLine at 1-800-932-0313 and complete the CY-47 form by hand.
The CY-47 form can be found online as a PDF at: www.keepkidssafe.pa.gov
Click on Resources and then Forms.
Click on Report of Suspected Child Abuse (the CY-47) to print form.
Complete all information on the CY-47, as far as you are able.
There may be questions you are not able to answer.

Option B

1 Submit the CY-47 form online.

Complete the CY-47 form and submit it online at: www.compass.state.pa.us/cwis/public/home
You do not need to call ChildLine if you file electronically.
You are required to create a Keystone ID to submit an electronic report. A confirmation of the submittal will be sent by email. Complete all information on the CY-47, as far as you are able.
There may be questions you are not able to answer. Please print a copy of the report before you exit the website.

2 Mail or fax the CY-47 within 48 hours to the local county Office of Children & Youth Agency as directed.

2 A courtesy call to the local county Office of Children & Youth Agency should be made.

3 Inform the person in charge: Pastor, Board of Pastors, Principal, Administrator, or Secretary of Secretariat.

4 Call the Diocesan Legal Counsel and email, mail, or fax the copy of the CY-47:

Attorney Joseph Zator
4400 Walbert Avenue, Allentown, PA 18104
jzator@kingspry.com (email is preferred method of contact)
(p) 610-332-0390 | (f) 610-432-1707

5 Email, mail, or fax a copy of the CY-47 to the Secretary for Catholic Health, Human Services, and Youth Protection:

Pam Russo
prusso@allentowndioocese.org
(p) 610-871-5200, ext. 2204 | (f) 610-439-7693

6 Within 30-60 days, you should receive a letter from the Local County Office of Children & Youth that reports findings.

Keep a copy of the letter. Send the original to Diocesan Legal Counsel, and send a copy to the Secretary for Catholic Health, Human Services, and Youth Protection.



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

DIOCESE OF ALLENTOWN
CHILD PROTECTIVE SERVICES LAW POLICY
ACKNOWLEDGMENT FORM

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE DIOCESE OF ALLENTOWN'S CHILD PROTECTIVE SERVICE LAW POLICY.

I HAVE REVIEWED THE CHILD PROTECTIVE SERVICES LAW POLICY AND UNDERSTAND ITS CONTENTS, AND THE PROCESS THAT I MUST COMPLETE IF I HAVE REASONABLE CAUSE TO SUSPECT THAT A CHILD HAS BEEN SUBJECTED TO CHILD ABUSE OR ACTS OF CHILD ABUSE.

I FURTHER UNDERSTAND THAT THE DIOCESE OF ALLENTOWN HAS ISSUED THE CHILD PROTECTIVE SERVICES LAW POLICY FOR INFORMATIONAL OR GUIDANCE PURPOSES ONLY AND THAT THE DIOCESE DOES NOT INTEND FOR THE POLICY TO CREATE A CONTRACT OR ANY TYPE OF BINDING OBLIGATION ON THE DIOCESE. THE DIOCESE OF ALLENTOWN MAY PERIODICALLY REVIEW THE CHILD PROTECTIVE SERVICES LAW POLICY, AND IT RESERVES THE RIGHT TO AMEND OR INTERPRET THE POLICY AS IT DEEMS APPROPRIATE IN ITS SOLE DISCRETION. A COPY OF THIS ACKNOWLEDGMENT FORM SHALL BE PLACED IN MY PERSONNEL OR VOLUNTEER FILE.

(DATE)

(SIGNATURE OF EMPLOYEE/VOLUNTEER)

(PLEASE PRINT NAME)

(DIOCESAN LOCATION)

(CITY)



Diocese of Allentown

Office of Catholic Health, Human Service, and Youth Protection

QR CODES FOR YOUTH PROTECTION POLICIES

Sexual Abuse Policy, English



Sexual Abuse Policy, Spanish



Code of Conduct Policy, English



Code of Conduct Policy, Spanish



Social Media & Electronic Communication Policy,
English



Social Media & Electronic Communication Policy,
Spanish





DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

Attachment 1

DIOCESE OF ALLENTOWN 2025
SOCIAL MEDIA and ELECTRONIC COMMUNICATIONS POLICIES
ACKNOWLEDGMENT and CONSENT FORM

To be signed by all clergy, religious, employees, volunteers, aspirants, and seminarians of the Diocese of Allentown. By signing below, I acknowledge, and agree to the following:

1. I have received, read, and understand the Diocese of Allentown's "Social Media and Electronic Communications Policies" (the "Policies").
2. I agree to abide by the Policies, as they may be updated from time to time.
3. I understand that any violation of the Policies may result in disciplinary action, including termination of employment or removal from ministry, or other service.

Printed Name: _____ **Date:** _____

Signature: _____

Diocesan Location: _____

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
ALLENTOWN, PENNSYLVANIA 18102



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
2022 POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
ALLENTOWN, PENNSYLVANIA 18102



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
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ALLENTOWN, PENNSYLVANIA 18105-1538

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING 2022 CODE OF CONDUCT

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Code of Conduct. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Code of Conduct and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
ALLENTOWN, PENNSYLVANIA 18102

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 drop off box located at: 2525 North 7th Street, Harrisburg, PA 17110. Free parking is available in the visitor's lot at front of the building.

- 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): _____

Home Mailing Address: _____

_____ **Include full street address, (Apt # or PO Box if applicable),**

_____ **City, State and Zip Code**

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: _____