



**SOUTHERN DISTRICT of PENNSYLVANIA  
CHURCH of the BRETHREN**  
3375 Carlisle Road Suite A, Gardners, PA 17324  
717-778-2264  
SOPADistrict@brethren.org



Dear Volunteer:

Thank you for expressing an interest in volunteering. For the safety of our children, volunteers must complete the following clearances/forms. If you have any questions, please contact your local church office.

- Please retain original documents for your records, submit copies only the local church/district office.
- Clearance results are not submitted directly to your local church office and/or the district office.
- Clearances for active volunteers expire five years from the document date. Inactive volunteers must renew each year.
- Please wait until all clearances/forms are completed to submit.
- Please allow 2-4 weeks for results. If mailing the application allow 3-5 weeks.

- Δ VOLUNTEER REGISTRATION FORM - Please complete this form so we have your contact information and know your areas of interest and availability.
- Δ CHILD ABUSE HISTORY CLEARANCE – (Cost – Free) Please complete this clearance on-line at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) to receive your results quickly or complete the application and mail it according to the directions. Applicants should check the “volunteer” box and write “church activities” in the “other” blank.
- Δ CRIMINAL RECORDS CHECK – (Cost – Free) Please complete on-line at <https://epatch.state.pa.us> and receive your results quickly or complete the application and mail it according to the directions. **Printed certificate is required, select “Certification Form” to print.**
- Δ FEDERAL CRIMINAL HISTORY RECORD INFORMATION CLEARANCE CHECK (CHRI) – (Cost \$23.85) You MUST REGISTER at <https://uenroll.identigo.com/> or call 1-844-321-2101 Monday through Friday, 8am to 6pm EST. The Registration UE ID is 1KG6ZJ. Results will be sent from [nobody@identigo.com](mailto:nobody@identigo.com) to the e-mail address you provide during registration. Please check all email folders, it may be delivered to a junk or spam folder.

*A wavier is permitted to the fingerprint requirement if:*

1. The volunteer had been a resident of the Commonwealth of PA for the entirety of the previous 10 years AND
2. Has never been convicted of a Disqualifying Offense as listed on the wavier.

If not being fingerprinted, you must complete the VOLUNTEER REQUEST OF ACT 141: FBI-FEDERAL CRIMINAL HISTORY FINGERPRINT RECORD CHECK (wavier).

- Δ MANDATED REPORTER TRAINING (Cost – Free) - Please complete the mandatory three-hour web-based training at <https://www.reportabusepa.pitt.edu/> Printed certification is required.

*Again, thank you for volunteering. Your time is greatly appreciated, and we will do our best to ensure that it is utilized to the fullest. We hope that you find the opportunity a blessing.*

## Volunteer Registration Form

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Days you are available to volunteer: \_\_\_\_\_

Time frames you are available to volunteer: \_\_\_\_\_

Area of the church/district you are willing to volunteer: \_\_\_\_\_

\_\_\_\_\_

### Emergency Information

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number of Emergency Contact: Home/Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

**VOLUNTEER REQUEST FOR WAIVER OF ACT 141: FBI – FEDERAL CRIMINAL  
HISTORY FINGERPRINT RECORD CHECK**

I declare under penalty of perjury that the following is true and correct:

1. I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year (10-Year) period from the date of this document.
2. I have NEVER been named as the perpetrator of a founded report of child abuse.
3. I have NEVER been convicted of one or more of the following types of offenses, including the attempt, solicitation, or conspiracy to commit any of the following offenses:

- |  |                                    |
|--|------------------------------------|
| a) Criminal homicide   | b) Aggravated assault              |
| c) Stalking  | d) Kidnapping                      |
| e) Unlawful Restraint  | f) Rape                            |
| g) Statutory sexual assault  | h) Sexual assault                  |
| i) Involuntary deviate sexual intercourse                                | j) Aggravated indecent assault     |
| k) Indecent assault  | l) Indecent exposure               |
| m) Incest  | n) Concealing the death of a child |
| o) Endangering the welfare of a child                                    | p) Dealing in infant children      |
| q) Prostitution and related offenses                                     |                                    |
| r) Crimes related to obscene and other sexual materials and performances |                                    |
| s) Corruption of minors  | t) Sexual abuse of children        |

4. Within the five-year (5-Year) period immediately preceding the date of this document, I have not been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act; AND

5. I have not been convicted of an offense similar in nature to those crimes listed under paragraphs 2, 3 or 4 above under the laws or former laws of the United States 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 Pennsylvania.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# 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 contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 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 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 <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, licensed child-care home, 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 contact with children <b>If purpose is volunteer having contact with children, choose SUB PURPOSE:</b> <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)
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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 contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 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 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.
  - 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, licensed child-care home, 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, excluding an individual with an intellectual disability or chronic psychiatric disability receiving services, in one of these types of settings 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 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.



**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. A response may take four weeks or longer.

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**

**<https://epatch.state.pa.us>**

<b>REQUESTER NAME</b>	
<b>ADDRESS</b>	
<b>CITY/STATE/ ZIP CODE</b>	
<b>TELEPHONE NO. (AREA CODE)</b>	

**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**

- ☐ **INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE  
 A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF  
 \$8.00, PAYABLE TO:  
 "COMMONWEALTH OF PENNSYLVANIA"  
 THE FEE IS NONREFUNDABLE**
- ☐ **NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY –  
 ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE  
 AMOUNT OF \$13.00, PAYABLE TO:  
 "COMMONWEALTH OF PENNSYLVANIA"  
 THE FEE IS NONREFUNDABLE**
- ☐ **FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE**

<b>SUBJECT OF RECORD CHECK</b>				
<b>(FIRST)</b>	<b>(MIDDLE)</b>	<b>(LAST)</b>		
<b>MAIDEN NAME AND/OR ALIASES</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH (MM/DD/YYYY)</b>	<b>SEX</b>	<b>RACE</b>
<p>The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information <u>contained in the files of the Pennsylvania State Police Central Repository only.</u></p>				
<p><b>FEES FOR REQUESTS - \$8.00. NOTARIZED FEE REQUESTS - \$13.00.</b>  <b>***MAKE ALL MONEY ORDERS PAYABLE TO: <u>COMMONWEALTH OF PENNSYLVANIA</u> ***</b></p>				
<p><b>REASON FOR REQUEST</b>  <b>◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶</b></p>				
<input type="checkbox"/> <b>INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$13.00 FOR REQUEST)</b>				
<input type="checkbox"/> <b>ADOPTION (DOMESTIC)</b>	<input type="checkbox"/> <b>EMPLOYMENT</b>	<input type="checkbox"/> <b>VISA</b>	<input type="checkbox"/> <b>OTHER</b>	

**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.**

**Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919**



# FEDERAL CRIMINAL HISTORY BACKGROUND CHECKS

## Federal Criminal History Background Checks required by Act 114 of 2006, 24 PS 1-111 as amended (Act 61 of 2008)

### APPLICANT PROCEDURES

Fee: \$22.60

All applicants will now receive an unofficial copy of their report. Fee is payable to IDEMIA.

The fingerprint-based background check is a multiple-step process, as follows:

1. **Registration** - The applicant must register prior to going to the fingerprint site. Walk in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or over the phone. The registration website is available online 24 hours/day, seven days per week at <https://uenroll.identogo.com>. Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8am to 6pm EST. During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information.

When registering on-line, an applicant must use the appropriate agency specific Service Code to ensure they are processed for the correct agency and/or applicant type. Using the correct service code ensures the background check is submitted for the correct purpose. Fingerprint requests processed through any other agency or purpose cannot be accepted and are not transferrable. If an applicant enters the wrong code by mistake, the incorrect applicant type will appear at the top of the screen. The applicant should select the "Back to Home" button and begin the process again, by reentering the correct Service Code. If the applicant proceeds with the process under the incorrect code, the pre-enrollment and/or results cannot be transferred to another state agency and the applicant will have to start the process over and pay for the background check again.

2. **Payment** - The applicant will pay a fee of \$22.60 for the fingerprint service and to secure an unofficial copy of the Criminal History Record. Major Credit Cards as well as Money orders or cashier's checks payable to **MorphoTrust** will be accepted on site for those applicants who are required to pay individually. No cash transactions or personal checks are allowed.

IDEMIA has also established a payment option for fingerprinting services for entities interested in paying the applicant's fee. This new option provides a payment 'coupon' that the entity will provide to each applicant for use. Each coupon is unique and may only be used one time. Account applications must be completed prior to the applicant visiting the fingerprint site. The



authorized representative must complete the account application. To establish a billing account, visit the website <https://www.identogo.com/locations/pennsylvania> and download an application.

3. **Fingerprint Locations** – After registration, the applicant proceeds to the fingerprint site of their choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are posted on IDEMIA's website at <https://uenroll.identogo.com>. The location of fingerprint sites may change over time; applicants are encouraged to confirm the site location nearest to their location.
4. **Fingerprinting** - At the fingerprint site the Enrollment Agents (EA) manages the fingerprint collection process. The fingerprint transaction begins when the EA reviews the applicant's qualified State or Federal photo ID before processing the applicant's transaction. Applicants will not be processed if they cannot produce an acceptable photo ID. After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.
5. **Report Access** – For the institution to access the official report via the electronic system, applicants must present their **UEID** to the entity (as shown on the receipt provided after fingerprint capture). This process allows an applicant to provide multiple entities with their **UEID**, as the report is linked to the UEID number and not assigned to a specific entity. If an applicant has lost their receipt or needs to confirm UEID, the applicant may visit the UEP website (<https://uenroll.identogo.com/>) and simply check status of their file by providing alternate personal information. Applicants will enter their personal information after clicking in the lower portion of that screen to obtain their receipt with the UEID. Applicants will receive an unofficial copy of their report. However, the entity is **required to review the official CHRI online** and print a file copy of the CHRI.

## Background

There are three required background checks for ALL applicants:

- State Police Criminal History Record
- Department of Human Services Child Abuse Report
- Federal Criminal History Record Information (CHRI) – FBI Report\*\*

## FINGERPRINT PROCESSING AND STORAGE

The applicant's scanned fingerprints and registration information will be electronically transmitted by IDEMIA via IDEMIA's approved channeling process directly to the FBI. The fingerprints are run against the FBI database, and the report is sent directly from the FBI back to IDEMIA. Currently, IDEMIA maintains the reports for **five years** from the date of the report on a secure server (accessible by authorized representatives). After five years, the reports are destroyed. Neither FBI or IDEMIA store an applicant's fingerprints. If an

applicant is required to obtain a new report, the applicant must be fingerprinted again to obtain the report.

## **FINGERPRINT CORRECTIONS AND RESUBMISSIONS**

In some cases, a classifiable fingerprint record cannot be obtained. Immediately upon indication, IDEMIA will take corrective action to notify the applicant of the need to re-print the applicant at no cost to the applicant. This corrective action will be completed at the earliest possible time that is convenient for the applicant. IDEMIA will contact the applicant directly via email should a re-print be necessary. NOTE: Reprinting can be applied to each applicant one time only.

If the applicant's fingerprints are unable to be transmitted electronically by IDEMIA to the FBI a second time, the applicant will be notified that a "name check" process will be instituted. The name check is a manual review of records completed by the FBI, processing takes 4 weeks; please allow ample time for fingerprinting.

## **CONFIDENTIALITY (SECURITY) OF APPLICANT INFORMATION**

On-site access to the Livescan equipment, and the data traveling from the equipment, is comprehensively secured, and regulated by both IDEMIA and the regulations governing the use of that data.

**Electronic Security** – The computer system is housed within a secured network that is protected by firewall devices configured explicitly to allow only permissible protocols and traffic. IDEMIA ensures that all devices procured under this process continue to adhere to the Commonwealth's Security requirements. Systems are configured to provide a point of defense with controlled access from both inside and outside the network. Livescan systems are configured to support logging and audit capability. Furthermore, the Livescan solution will support 128 bit encryption.

## **INQUIRIES**

More information regarding fingerprinting locations and the process for obtaining an FBI fingerprint based background check report may be found at: <https://uenroll.identogo.com..>

Fingerprint Services Customer Service Call Center: 1-844-321-2101.

Frequently Asked Questions: <https://www.identogo.com/locations/pennsylvania>



**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any former names  
by which you have  
been identified: \_\_\_\_\_

**Section 2. Report of Arrest or Conviction**



By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Instructions on Page 3 of this Form for a list of Reportable Offenses. If you have none to report, proceed to Section 3 of this form.

**INSTRUCTIONS**

This standardized form (PDE-6004) has been developed by the Pennsylvania Department of Education, pursuant to 24 P.S. §1-111(j), to be used by current and prospective employees of public and private schools, intermediate units and area vocational-technical schools for the written reporting by current and prospective employees of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1).

As required by subsection (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of a public or private school, intermediate unit or area vocational-technical school. In addition, as required by subsection (j)(4) of 24 P.S. §1-111, this form shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after an arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

**Exemption:** Any current employee who completed a PDE-6004 on or before December 27, 2011, in compliance with 24 P.S. §§1-111(j)(1) and (2) on that date, and who has not been arrested for or convicted of an offense enumerated under 24 P.S. §§1-111(e) and (f.1) shall not be required to complete an additional form.

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity.

If you have questions regarding to whom the form should be sent, please contact your supervisor or the school entity administration office.

**PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.**

## LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:
 

<ul style="list-style-type: none"> <li>▪ Chapter 25 (relating to criminal homicide)</li> <li>▪ Section 2702 (relating to aggravated assault)</li> <li>▪ Section 2709.1 (relating to stalking)</li> <li>▪ Section 2901 (relating to kidnapping)</li> <li>▪ Section 2902 (relating to unlawful restraint)</li> <li>▪ Section 2910 (relating to luring a child into a motor vehicle or structure)</li> <li>▪ Section 3121 (relating to rape)</li> <li>▪ Section 3122.1 (relating to statutory sexual assault)</li> <li>▪ Section 3123 (relating to involuntary deviate sexual intercourse)</li> <li>▪ Section 3124.1 (relating to sexual assault)</li> <li>▪ Section 3124.2 (relating to institutional sexual assault)</li> <li>▪ Section 3125 (relating to aggravated indecent assault)</li> <li>▪ Section 3126 (relating to indecent assault)</li> <li>▪ Section 3127 (relating to indecent exposure)</li> <li>▪ Section 3129 (relating to sexual intercourse with animal)</li> <li>▪ Section 4302 (relating to incest)</li> <li>▪ Section 4303 (relating to concealing death of child)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Section 4304 (relating to endangering welfare of children)</li> <li>▪ Section 4305 (relating to dealing in infant children)</li> <li>▪ A felony offense under section 5902(b) (relating to prostitution and related offenses)</li> <li>▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)</li> <li>▪ Section 6301(a)(1) (relating to corruption of minors)</li> <li>▪ Section 6312 (relating to sexual abuse of children)</li> <li>▪ Section 6318 (relating to unlawful contact with minor)</li> <li>▪ Section 6319 (relating to solicitation of minors to traffic drugs)</li> <li>▪ Section 6320 (relating to sexual exploitation of children)</li> </ul>
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- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
  - the United States; or
  - one of its territories or possessions; or
  - another state; or
  - the District of Columbia; or
  - the Commonwealth of Puerto Rico; or
  - a foreign nation; or
  - under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.

