

NSCHC Documentation Checklist

Name of individual receiving checks:	
Dates of service:	From: to:
Position:	
Recurring access to vulnerable populations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification of identity

☐ Photocopy/scan of government-issued ID (driver's license or passport) attached

--OR--

☐ ID type: ID number: Expiration:

National Sex Offender Public Website

☐ Screen shots or print out of results from nationwide sex offender registry check that clear your candidate

☐ If there are individuals on the NSOPW with the same name as your candidate, include documentation that shows that your candidate is not one of those listed.

Written consent

☐ Scanned or attached consent form including a signed statement from candidate agreeing to undergo checks and the candidate understanding that position is contingent on results.

Records Checked

<i>State</i>	
State:	Source:
Date Initiated:	Date Completed:
State:	Source:
Date Initiated:	Date Completed:

-----and/or-----

FBI fingerprint check

Date Initiated:	Date Completed:
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Accompaniment

☐ Attach documentation of each instance of accompaniment (while checks were pending) during service or work with vulnerable populations. Record the date, time, location, and name of person who provided accompaniment.

☐ Ensure person who provided accompaniment has been cleared in their position.

Completion of checks

☐ Record date checks were completed:

☐ Attach results of checks (scanned or photocopied documents, screen shots, etc.)

Consideration of results

☐ Maintain a document stating that checks were completed and that you considered the results of the checks.