

October 2011

Dear Guest Teacher Applicant:

Thank you for your interest in pursuing a position as a Guest (“Substitute”) Teacher for the Berks County school districts and the Berks County Intermediate Unit (“BCIU”). Availability for this program will be limited to seventy-five (75) participants.

As part of the Guest Teacher training process, you are required to attend all sessions of this program, pending successful completion of the interview process. The sessions generally run from 8:00 a.m. to 5:00 p.m. The winter 2012 training session is scheduled as follows:

Wednesday, December 7, 2011 – Interview Screening

Wednesday, January 11, 2012 – Day 1 of Training

Thursday, January 12, 2012 – Day 2 of Training

In order to register for this training session, please access the *Berks County Guest Teacher Training Program Application Packet* online (www.berksiu.org; “Quick Links”; “Guest Teacher Training”) and mail the required, completed documents by the designated due date to the address listed at the end of this correspondence. Please be advised that in order to serve as a guest teacher for the participating school districts and/or the BCIU, you are also required to secure a number of documents at your own expense. The required documents are listed below and the forms can be accessed by clicking on the corresponding links.

- **# 1: Berks County Guest Teacher Training Program Application**
Please complete this application in order to apply for the Program.
Due by November 18, 2011
- **# 2: Child Abuse History Clearance (\$10.00)**
Because this process generally takes six to eight weeks, it is strongly suggested that you take this form to Senator Judy Schwank’s office at the Rockland Professional Center, 1940 N. 13th Street (13th& Rockland Streets), Suite 232, Reading, PA (610.929.2151). Generally, by having Senator Schwank’s courier deliver your clearance application, you will receive the results in one to two weeks. If you are unable to take the

completed form to Senator Schwank's office, you can always mail it to Childline and Abuse Registry at the address listed at the top of the form. A copy of your clearance must be included in your application packet; however, please bring the original clearance with you to the Day 1 training session. Please note that the Child Abuse History Clearance must be less than one (1) year old in order to be valid.

Due by November 18, 2011

- **# 3: Pennsylvania Criminal Background Check** (\$10.00)
The fastest way to process this clearance is to log onto <https://epatch.state.pa.us> and use your credit card. In most cases, you should receive instantaneous results if no record exists. If you do not have access to a computer, you should complete and mail the "Pennsylvania State Police Request for Criminal Record Check" to the Pennsylvania State Police at the address listed on the right side of the form with a \$10.00 money order. Please note, however, that requesting this clearance by mail will result in a significant delay – up to six to eight weeks. Therefore, it is recommended that you utilize the on-line request process. A copy of your clearance must be included in your application packet; however, please bring the original clearance with you to the Day 1 training session. Please note that the Pennsylvania Criminal Background Check must be less than one (1) year old in order to be valid.

Due by November 18, 2011

- **#4: FBI Background Check** (\$33.00-\$35.50)
Register with COGENT SYSTEMS online (www.pa.cogentid.com) or over the phone (888.439.2486, Monday – Friday from 8:00 a.m. – 6:00 p.m.) for the clearance for the Department of Education. You can also access the Cogent Systems website by logging onto the BCIU website (www.berksiu.org), clicking on "Quick Links," and selecting "FBI Fingerprinting" from the drop-down menu. Please include your registration number in your application packet. The FBI background clearance must be less than one (1) year old in order to be valid.

Due by November 18, 2011

- **#5: Arrest or Conviction form – PDE 6004**
Please complete this form.

Due by December 30, 2011

- **#6: Current physical examination, including a current TB test (cost varies)**

A current physical examination shall be administered within six (6) months prior to the date the school receives the form. Per Pennsylvania School Code, the tuberculin skin test shall be administered within three (3) months prior to the date the school receives the form. Please ensure that a physician signs this form.

If you are unable to secure an appointment with your family physician or if you do not have a family physician, you have the option of making an appointment at The Reading Hospital at Muhlenberg, 1000 Tuckerton Court, Reading (Muhlenberg Township), PA 19605, 610-988-4000.

Due by December 30, 2011

- **# 7: PDE Form 338G (\$5.00)**
(Click on "Forms & Documents" – Type "338 G" in the "Enter Search Here" block – Check Form PDE 338 G to open and print pages 1 and 2.)

PDE Form 338G must be signed by a physician. Please take this form with you, along with the School Personnel Health Record, to your appointment. A \$5.00 money order payable to "BCIU" must accompany this form in order to have your emergency permit processed by the Pennsylvania Department of Education.

Due by December 30, 2011

- **# 8: Form I-9, Employment Eligibility Verification**

Please bring the appropriate identification with you on Day 1 of Training.

Due by December 30, 2011 (Completed form)

- **# 9: Guest Teacher Training Program Reference Form.**

You will need to have two (2) personal and/or professional references completed. Your references must be returned to the Berks County Intermediate Unit.

Due by November 18, 2011

- **#10: Official, Sealed Transcripts**

Your official transcripts from an accredited U.S. College or University must be sent to BCIU in a sealed, unopened envelope.

Due by December 30, 2011

- .#11: Non-refundable \$20 Registration Fee
A money order for \$20 payable to BCIU should accompany your documents. Please note – no personal checks are accepted. This fee is non-refundable.
Due by December 30, 2011

Please note that you will not be accepted into the Berks County Guest Teacher Training Program unless all required and completed documents and payments listed above are received by **the designated due dates**. You will be unable to attend the training program unless your application packet is complete.

Your Emergency Permit will allow you to serve as a Guest Teacher for all participating school districts in all subject areas in the 2011-2012 school year.

The participating school districts and the BCIU appreciate your interest and willingness to become involved in the education of children.

Sincerely,

Rob Rosenberry
Director of Human Resources

RR:dll

- (1) Foreign-educated applicants must complete the eligibility requirements per information contained in the packet “Teacher Certification Instructions for Foreign-educated Applicants.” www.pde.state.pa.us (Click on “Forms & Documents” – Type “Foreign Educated Applicants” in the “Enter Search Here” block – Click “Emergency Booklet” to open, and refer to “Foreign Educated & Non U.S. Citizens” section on page 6.)

Please mail your application packet to:

Berks County Intermediate Unit
Guest Teacher Training Program
Office of Human Resources
1111 Commons Boulevard
P.O. Box 16050
Reading, PA 19612-6050

Berks County Guest Teacher Training Program Application

Berks County Intermediate Unit •Phone 610-987-8433 •FAX 610-987-8570
 1111 Commons Blvd., P.O. Box 16050, Reading, PA 19612-6050



The public schools of Berks County do not discriminate against any persons in employment, educational programs, or activities based on race, color, sex, creed, religion, age, disability, national origin, marital status or because a person is a disabled veteran or a veteran of the Vietnam era. This policy extends to all other legally protected classifications and is published in accordance with state and federal laws including Title IX of the Education Amendments of 1972 and Sections 503 and 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

Contact Information

(Write below each heading.)

Last Name	First Name	Middle Name	Date
Street Address		City	State Zip
Social Security #	Home or Contact #	Cell #	Email Address

Educational Background

(Complete each section if applicable.)

High School Name/Address	Major
	Degree/Diploma
Undergraduate College Name/Address	Major
	Degree/Diploma
Graduate School Name/Address	Major
	Degree/Diploma
Technical/Other School Name/Address	Major
	Degree/Diploma
Certification (if applicable)	Major
	Degree/Diploma

Work Experience

(List in chronological order starting with most recent employer.)

Employer Name/Address/Phone #	Dates Employed From/To	Job Description/Title
		Reason for Leaving
Employer Name/Address/Phone #	Dates Employed From/To	Job Description/Title
		Reason for Leaving
Employer Name/Address/Phone #	Dates Employed From/To	Job Description/Title
		Reason for Leaving

References

(List personal/professional references.)

Name/Address	Phone Number	Position	Relationship (friend/co-worker, etc.)

Grade/Subject Preferences

(Indicate your preferences for grade levels and subjects.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Elementary
<input type="checkbox"/> Middle School
<input type="checkbox"/> Junior High
<input type="checkbox"/> Senior High
<input type="checkbox"/> Pre K
<input type="checkbox"/> Alternative Education
<input type="checkbox"/> Special Education
<input type="checkbox"/> Career/Technology Center | <input type="checkbox"/> Agriculture
<input type="checkbox"/> Art
<input type="checkbox"/> Biology
<input type="checkbox"/> Business/Computer/Info Tech
<input type="checkbox"/> Chemistry
<input type="checkbox"/> Earth & Space Science
<input type="checkbox"/> Elementary
<input type="checkbox"/> English
<input type="checkbox"/> Family/Consumer Science
<input type="checkbox"/> Foreign Language _____ | <input type="checkbox"/> General Science
<input type="checkbox"/> Health
<input type="checkbox"/> Health & Physical Education
<input type="checkbox"/> Industrial Arts/Technology Ed
<input type="checkbox"/> Library Science
<input type="checkbox"/> Mathematics
<input type="checkbox"/> Music
<input type="checkbox"/> Physics
<input type="checkbox"/> Social Studies
<input type="checkbox"/> Special Education |
|--|--|--|

Location Preferences

(Indicate the districts where you would like to work.)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Antietam
<input type="checkbox"/> Boyertown Area
<input type="checkbox"/> Brandywine Heights Area
<input type="checkbox"/> Conrad Weiser Area
<input type="checkbox"/> Exeter Township | <input type="checkbox"/> Fleetwood Area
<input type="checkbox"/> Governor Mifflin
<input type="checkbox"/> Hamburg Area
<input type="checkbox"/> Kutztown Area
<input type="checkbox"/> Muhlenberg | <input type="checkbox"/> Oley Valley
<input type="checkbox"/> Schuylkill Valley
<input type="checkbox"/> Tulpehocken Area
<input type="checkbox"/> Twin Valley
<input type="checkbox"/> Wilson | <input type="checkbox"/> Wyomissing Area

Other
<input type="checkbox"/> Berks County IU
<input type="checkbox"/> Berks Career & Tech Ctr |
|---|--|--|--|

Essay

(Explain why you wish to be admitted to the Berks County Guest Teacher Training Program?)

- I hereby authorize the Berks County schools to contact school, college, employment, and all other sources for the purpose of investigating and verifying statements and references herein, and I hereby authorize said sources to disclose such records and other information as may be requested by the prospective employer.
- I understand that I must attach transcripts verifying a bachelor's degree OR a copy of my teaching certificate to be considered for the Guest Teacher Training Program.
- I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment by a school district, or (3) terminating me from the Guest Teacher Training Program.

Applicant's Signature

Date

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

Complete section 1 only. Print clearly in ink. Enclose \$10.00 money order only. Payable to department of public welfare. **Do not send cash or personal check.**

SEND TO CHILDLINE AND ABUSE REGISTRY. DEPARTMENT OF PUBLIC WELFARE, P.O.BOX 8170
HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211.

ChildLine Use Only

DATE RECEIVED BY CHILDLINE

SECTION 1

APPLICANT IDENTIFICATION

I IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NUMBER

SEX

M F

COUNTY YOU LIVE IN

PREVIOUS NAMES USED SINCE 1975 (INCLUDE MAIDEN NAME, NICKNAMES, ALIASES)

1 (FIRST, MIDDLE, LAST)

2 (FIRST, MIDDLE, LAST)

3 (FIRST, MIDDLE, LAST)

PURPOSE OF CLEARANCE (CHECK ONE BLOCK ONLY)

- CHILD CARE
- FOSTER CARE
- ADOPTION
- SCHOOL

- VOLUNTEERS – A COPY OF YOUR PROCESSED "REQUEST FOR CRIMINAL RECORD" (FORM SP\$-164) MUST BE ATTACHED. OUT-OF-STATE RESIDENTS MUST ALSO ATTACH A COPY OF THEIR PROCESSED FBI CLEARANCE (FORM FD-258).

PREVIOUS ADDRESSES SINCE 1975 (ATTACH ADDITIONAL PAGES IF NECESSARY)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS (LIST EVERYONE WHO LIVED WITH YOU AT ANYTIME SINCE 1975 TO THE PRESENT)

NAME (FIRST, MIDDLE, LAST) DO NOT USE INITIALS.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify 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).

Applicants are required to show the Administrator the original Document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

Applicant's Signature

Date

Do Not Write In This Section – ChildLine Use Only

SECTION II

RESULTS OF HISTORY CHECK

APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.

APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ HAS REQUESTED A CERTIFICATION WHICH INCLUDES A CLEARANCE OF HIS/HER NAME AGAINST THE CHILD ABUSE, SCHOOL EMPLOYEE, AND CRIMINARY HISTORY REPORTS.

THE RESULTS OF THE CHILD ABUSE AND SCHOOL EMPLOYEE REPORT CLEARANCES ARE LISTED IN SECTION II ON THE REVERSE SIDE. THE RESULTS OF THE CRIMINAL HISTOY REPORTS ARE LISTED BELOW. OUT-OF-STATE RESIDENTS MUST HAVE CRIMINAL HISTORY CLEARANCE FROM BOTH THE PENNSYLVANIA STATE POLICE AND THE FBI. THE VOLUNTARY CERTIFICATION MAY BE OBTAINED EVERY TWO YEARS.

IT IS THE RESPONSIBILIY OF PARENTS AND GUARDIANS TO REVIEW THIS INFORMATION TO DETERMINE THE SUITABILITY OF THE APPLICANT AS A SUBSTITUTE CAREGIVER.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- APPLICANT IS NAMED AS THE PERPETRATOR OF A "FOUNDED" CHILD ABUSE OR SCHOOL EMPLOYEE REPORT WHICH OCCURRED IN THE LAST FIVE YEARS.
- APPLICANT IS NAMED AS THE PERPETRATOR OF A "FOUNDED" CHILD ABUSE OR SCHOOL EMPLOYEE REPORT WHICH OCCURRED OVER FIVE YEARS AGO.
- APPLICANT IS NAMED AS THE PERPETRATOR OF AN "INDICATED" CHILD ABUSE OR SCHOOL EMPLOYEE REPORT.
- APPLICANT IS NOT NAMED AS THE PERPETRATOR OF ANY CHILD ABUSE OR SCHOOL EMPLOYEE REPORT CONTAINED IN THE STATEWIDE CENTRAL REGISTER.

PENNSYLVANIA STATE POLICE CLEARANCE

- RECORD EXISTS AND CONTAINS CONVICTIONS WHICH PROHIBIT HIRE IN A CHILD CARE POSITION. REPORT ATTACHED.
- RECORD EXISTS, BUTCONVICTIONS DO NOT PROHIBIT HIRE IN A CHILD CARE POSITION. REPORT ATTACHED.
- RECORD EXISTS, BUT NO CONVICTIONS ARE SHOWN. THIS DOES NOT PROHIBIT HIRE IN A CHILD CARE POSITION.
- NO RECORD EXISTS. REPORT ATTACHED.

FBI CLEARANCE

- RECORD EXISTS AND CONTAINS CONVICTIONS WHICH PROHIBIT HIRE IN A CHILD CARE POSITION. REPORT ATTACHED.
- RECORD EXISTS, BUT NO CONVICTIONS DO NOT PROHIBIT HIRE IN A CHILD CARE POSITION. REPORT ATTACHED.
- RECORD EXISTSK, BUT NO CONVICTIONS ARE SHOWN. THIS MAY NOT PROHIBIT HIRE IN A CHILD CARE POSITION. REPORT ATTACHED.
- NO FBI CLEARANCE REQUIRED.

03460D	_____ VERIFIER	_____ DATE	_____ VERIFIER	_____ DATE	CY113 – 3/95
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**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

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.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE

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

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

**FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER**

**AFTER COMPLETION MAIL TO:
PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758**

Local Number 717-425-5546
1-888-QUERYPA (1-888-783-7972)

**DO NOT SEND CASH OR PERSONAL
CHECK**

CHECK ONE BLOCK

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA"
THE FEE IS NONREFUNDABLE

FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)	
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX
		RACE	

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

<input type="checkbox"/> ADOPTION (DOMESTIC)	<input type="checkbox"/> EMPLOYMENT/SCREENING	<input type="checkbox"/> PASSPORT
<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> PRIVATE INVESTIGATIONS
<input type="checkbox"/> BANKING	<input type="checkbox"/> HEALTHCARE	<input type="checkbox"/> SOCIAL SERVICES
<input type="checkbox"/> BAR ASSOCIATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> TENANT CHECK
<input type="checkbox"/> CHURCH	<input type="checkbox"/> INSURANCE LICENSE	<input type="checkbox"/> VISA
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> NURSE AID TRAINING	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> ELDER CARE	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> EMERGENCY MANAGEMENT		

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.



FBI Fingerprinting

FBI Fingerprinting services are available at these two locations in Berks County:

- **Berks County Intermediate Unit** (Walk-ins welcome although appointments are accepted.)
1111 Commons Boulevard, Reading, PA 19605
610.987.8264
www.berksiu.org (for directions and/or to make an appointment if you wish to do so)
- **Mail N Ship 4 U** (Walk-ins welcome; no appointment necessary.)
1812 State Hill Road, Wyomissing, PA 19610
610.376.3805

*Please follow the instructions below to have your fingerprints taken at the
Berks County Intermediate Unit (BCIU):*

1. Register with COGENT SYSTEMS online (www.pa.cogentid.com) or over the phone (888.439.2486, Monday – Friday from 8:00 a.m. – 6:00 p.m.) for the clearance for the Department of Education. You can also access the Cogent Systems website by logging onto the BCIU website (www.berksiu.org), clicking on “Quick Links,” and selecting “FBI Fingerprinting” from the drop-down menu.
2. After you register with Cogent Systems, either print out the registration number (if you registered online) or write down the registration number (if you registered by phone). *Bring this registration number with you to the fingerprint site.*
3. You may pay with a credit/debit card before arriving for fingerprinting, either online or by telephone, while registering with Cogent Systems. Another option is paying with a money order (payable to “Cogent Systems”) when you arrive at the fingerprint site. You will be given a separate registration number for making payment with a credit/debit card. *Please bring this payment confirmation number with you to the fingerprint site.*
4. The cost for the FBI clearance is \$33. If you would like to obtain an unofficial paper copy for yourself, please indicate that on the payment screen when paying online or to the Cogent representative when paying by phone. The cost of the unofficial paper copy is \$2.50, which brings the total to \$35.50.

5. Even though no appointment is necessary to have your prints taken, you do have the option of making an appointment at the BCIU by logging onto the website (www.berksiu.org), going to the “Quick Links” drop-down menu, and clicking on “FBI Fingerprinting.” At the bottom of the page are links to schedule an appointment and reschedule or delete an appointment. You may also call 610.987.8433 to schedule an appointment. If you are unable to keep your appointment, please reschedule or cancel it as soon as possible.
6. Please bring one of the following forms of identification with you to the fingerprint site:

State-issued Driver’s License
US Active Duty/Retiree/Reservist Military ID Card (000 10-2)
US Passport
College-issued Student ID
INS I-551 Resident Alien Card Issued since 1997
INS I-688 Temporary Resident Identification Card
INS I-688B, I-766 Employment Authorization Card

7. You should provide your prospective employer with your registration number, as well as including your registration number on any applications. The fingerprint results should be available within 24-28 hours after your fingerprints are taken, and your prospective school employer will need your registration number to access this information.

*Please follow the instructions below to have your fingerprints taken at **Mail N Ship 4 U**:*

1. Register with COGENT SYSTEMS online (www.pa.cogentid.com) or over the phone (888.439.2486, Monday – Friday, from 8:00 a.m. – 6:00 p.m.).
2. After you register with Cogent Systems, either print out the registration number (if you registered online) or write down the registration number (if you registered by phone). *Bring this registration number with you to the fingerprint site.*
3. You may pay with a credit/debit card before arriving for fingerprinting, either online or by telephone, while registering with Cogent Systems. Another option is paying with a money order (payable to “Cogent Systems”) when you arrive at the fingerprint site. You will be given a separate registration number for making payment with a credit/debit card. *Please bring this payment confirmation number with you to the fingerprint site.*
4. The cost for the FBI clearance is \$33. If you would like to obtain an unofficial paper copy for yourself, please indicate that on the payment screen when paying online or to the Cogent representative when paying by phone. The cost of the unofficial paper copy is \$2.50, which brings the total to \$35.50.
5. No appointment is necessary at Mail N Ship 4 U.

6. Please bring one of the following forms of identification with you to your fingerprint session:

State-issued Driver's License
US Active Duty/Retiree/Reservist Military ID Card (000 10-2)
US Passport
College-issued Student ID
INS I-551 Resident Alien Card Issued since 1997
INS I-688 Temporary Resident Identification Card
INS I-688B, I-766 Employment Authorization Card

7. You should provide your prospective employer with your registration number, as well as including your registration number on any applications. The fingerprint results should be available within 24-28 hours after your fingerprints are taken, and your prospective school employer will need your registration number to access this information.

**ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011)**

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) ("Reportable Offense(s)"). See Instructions on Page 2 of this Form for a list of Reportable Offenses. If you have none to report, proceed to Section 3 of this form.

Details of Arrests or Convictions

For any arrest or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the crime for which you have been arrested or convicted, the date and location of arrest and/or conviction, and the applicable court.

Section 3. No Arrest or Conviction

By checking this box, I state that I have never been arrested for or convicted of any Reportable Offense.

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 unsworn falsification to authorities.

Signature

Date

INSTRUCTIONS

This standardized form 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).

As required by subsection (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current employees of a public or private school, intermediate unit or area vocational-technical school by December 27, 2011. In addition, as required by subsection (j)(4) of 24 P.S. §1-111, this form shall be utilized by 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) and occurring after September 28, 2011. 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

An offense enumerated under 24 P.S. §1-111(e) (a "Reportable Offense") 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"> ▪ 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 2910 (relating to luring a child into a motor vehicle or structure) ▪ 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 3124.2 (relating to institutional sexual assault) ▪ Section 3125 (relating to aggravated indecent assault) ▪ Section 3126 (relating to indecent assault) ▪ Section 3127 (relating to indecent exposure) ▪ Section 3129 (relating to sexual intercourse with animal) ▪ Section 4302 (relating to incest) ▪ Section 4303 (relating to concealing death of child) 	<ul style="list-style-type: none"> ▪ 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(a)(1) (relating to corruption of minors) ▪ Section 6312 (relating to sexual abuse of children) ▪ Section 6318 (relating to unlawful contact with minor) ▪ Section 6319 (relating to solicitation of minors to traffic drugs) ▪ Section 6320 (relating to sexual exploitation of children)
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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.



GUEST TEACHER TRAINING PROGRAM REFERENCE FORM

_____ has applied to work as a substitute teacher in Berks County school districts through the Berks County Guest Teacher Training Program and has given your name as a reference. If you have any questions, please contact Deb Larkin at 610-987-8502 or deblar@berksiu.org.

Please return this form to the address listed at the end of this form or via e-mail (deblar@berksiu.org.) Thank you.

1. How long have you known the applicant and in what capacity?

On a scale of 1 to 10 (10 being an "excellent" rating and 1 being a "poor" rating), please rate the applicant on his or her abilities with respect to a substitute (guest) teaching position by circling the appropriate number:

2. The applicant's qualifications would be an asset in the role of substitute teaching.

1 2 3 4 5 6 7 8 9 10

3. In your opinion, is this individual a good role model for children, and do you feel he/she has the ability to work with students in an educational setting?

1 2 3 4 5 6 7 8 9 10

4. How much supervision/direction does the applicant require? ("10" being needs little or no supervision, and "1" being needs full supervision)

1 2 3 4 5 6 7 8 9 10

5. Does the applicant take supervision well? ("10" being applicant takes supervision well, and "1" being applicant does not take supervision well)

1 2 3 4 5 6 7 8 9 10

6. What would you say are the applicant's strong points?

7. How much specific support would the applicant need in a specific work situation? ("10" being the applicant would need very little or no support, and "1" being the applicant would need total support)

1 2 3 4 5 6 7 8 9 10

8. Is the applicant reliable? ("10" being very reliable, and "1" being unreliable)

1 2 3 4 5 6 7 8 9 10

9. The work hours are approximately 7-1/2 hours per day, Monday through Friday. Would you say the applicant's work attendance would be:

Good Average Poor

10. If you have children, would you want the applicant to teach or work with your child? ("10" having no reservations about teaching or working with your child, and "1" not wanting the applicant to teach or work with your child)

1 2 3 4 5 6 7 8 9 10

11. Comments :

Please Print Name

Date

Signature

Position/Relationship to Applicant

Return to: Berks County Intermediate Unit
Guest Teacher Training Program
Office of Human Resources
1111 Commons Blvd.
P. O. Box 16050
Reading, PA 19612-6050

Or e-mail completed form to: Deb Larkin at deblar@berksiu.org



GUEST TEACHER TRAINING PROGRAM REFERENCE FORM

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COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA DEPARTMENT OF HEALTH
SCHOOL PERSONNEL HEALTH RECORD

I. Patient Information

Last Name	First	MI	Sex	Date of Birth
Social Security Number		Home Telephone		Work Telephone
Mailing Address	Street	City	State	Zip
Usual Source of Medical Care	Physician's Name	Address	Telephone	
Emergency Contact – Name	Relationship	Address	Telephone	

II. Immunization History

VACCINE	Enter Month, Day, and Year Each Immunization was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus*	1.	2.	3.	4.	5.
Hepatitis B	1.	2.	3.		
Measles, Mumps, Rubella	1.	2.			
Other _____	1.	Other _____	1.		

* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DtaP, DT, or Td

III. Required Tuberculosis Test Results (as per Regulations of the Department of Health)

DATE APPLIED	ARM	METHOD	ANTIGEN	MANUFACTURER	SIGNATURE
DATE READ	RESULTS (mm)		SIGNATURE		

For previously known/new positive reactors: _____

Chest X-ray: Date: _____ Results: _____ Other: Date: _____ Results: _____
(Attach a copy of the report.) (Attach a copy of the report.)

Preventive Anti-Tuberculosis Chemotherapy ordered: No Yes Date: _____

IF SIGNIFICANT REACTION WAS REPORTED, THE PHYSICIAN REPORT MUST STATE THAT THE APPLICANT IS FREE FROM CURRENT TUBERCULOSIS DISEASE OR IS UNDER ADEQUATE CHEMOTHERAPY FOR TUBERCULOSIS DISEASE:

IV. Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain:
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

V. Report of Physical Examination (✓)

	NORMAL	ABNORMAL	NOT EXAMINED	COMMENTS
Height (inches) _____				
Weight (pounds) _____				
Pulse _____				
Blood Pressure _____				
Hair/Scalp				
Skin				
Eyes – Visual Acuity: R ____ L ____				
Eyes – Color Vision				
Ears – Hearing (dB) R ____ L ____				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart – Murmur, etc...				
Lungs – Adventitious Findings				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her work role? If so, specify _____

_____ Physician Name (Print)	_____ Signature of Examiner	_____ Date
_____ Physician Address		

The statements and answers as recorded above are full, complete and true to the best of my knowledge and belief. I understand that any false or misleading statements may cause termination of my employment.

I authorize the physician or other person to disclose any knowledge or information pertaining to my health to the employing authority for whom this examination is performed.

_____ Signature of Employee	_____ Date
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**GENERAL APPLICATION FOR PENNSYLVANIA
CERTIFICATE
FORM PDE 338 G**

(Refer to instructions included with this two page form)

PDE USE ONLY

CONTROL NO.

APPLICANTS: Please note the following information in regard to your Social Security Number (SSN)

DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)

AUTHORITY: 24 P.S. Section 1224.

PURPOSE(S): To be used for (1) registration and maintenance of records of all certificated persons as having met qualifications for teaching, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification, and (3) provision of certification data to authorized personnel and agencies.

DISCLOSURE: Mandatory. Failure to disclose will prevent further processing of the application.

SECTION I – PERSONAL INFORMATION (please print or type)

1. Last Name	First Name	Middle Initial	2. Social Security Number
3. Address			4. Date of Birth (mm/dd/yyyy)
City/State/Zip Code			5. <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Telephone Home/Cell ()		Work Phone ()	7. E-Mail Address
8. Please list all former name(s) beginning with the most recent _____ _____ _____ _____ _____ _____ Last First MI			9. Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II-CERTIFICATION INFORMATION

1. Date Initial Bachelor's Degree conferred (Do not list Masters or Doctorate level degree-only Baccalaureate degree)		
_____	_____	_____
Month/Year	Degree	College/University
2. Subject Area and 4-digit Code of the certification area for which you are applying (enter the area of concentration or endorsement, if applicable):		
_____	_____	_____
Subject Area	4-digit Code	Concentration(s) / Endorsement

SECTION III-HEALTH CERTIFICATE

The Health Certificate section must be completed by a United States licensed physician, physician's assistant or nurse practitioner

I certify that I am a physician, physician's assistant or nurse practitioner (**circle one**) licensed/certified as such in a state of the United States or its capital; that I have examined the applicant and find that the applicant is not disqualified by reason of a mental or physical disability or a communicable disease from the successful performance of the essential functions of a teacher with or without a reasonable accommodation.

_____	_____	_____	_____
Signature of Examiner	Title	()	Date
_____	_____	_____	
State in which licensed	State License No.	Daytime Phone Number	

PDE 338 G (Revised 12/10)

Applicant Social Security Number: _____

SECTION IV-BACKGROUND

Read and answer each question *carefully*...ensure that you have selected the appropriate check box. Incorrectly checking a box may significantly delay the processing of your application. Please refer to the instruction sheet for further information.

<p>1. Have you ever been the subject of a child abuse investigation or report in this or any other state, territory or country? (If yes, read the instructions for this question first, then indicate whether the investigation or report is pending, unfounded, indicated, or founded by checking the appropriate box)</p>	<p>Yes: <input type="checkbox"/> Pending <input type="checkbox"/> Unfounded <input type="checkbox"/> Indicated <input type="checkbox"/> Founded <input type="checkbox"/> No</p>
<p>2. Are you currently the subject of any misconduct investigation by an employer? (If yes, refer to instructions)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending, or under investigation? (If yes, refer to instructions)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Is there disciplinary action pending by a licensing agency in this or any other state, territory or country? (If yes, refer to instructions)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Have you ever had any certificate or license for any profession denied, revoked, suspended, surrendered, or received a public reprimand in this or any other state, territory or country? (If yes, refer to instructions)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Have you ever been convicted of a crime classified as a misdemeanor or felony in this state or any other state, territory or country? (If yes, refer to instructions.) <i>(For purposes of this question, convicted includes pleas of nolo contendere and guilty pleas. However, summary offenses do not need to be acknowledged.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Are criminal charges pending against you, or are you the subject of an inquiry or investigation by a law enforcement agency in this or any other state, territory or country? (If yes, refer to instructions)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SECTION V-CODE OF CONDUCT

The Pennsylvania code of Professional Practice and Conduct for Educators, which may be found on the PDE website, sets forth the standards for professional practice for Pennsylvania professional educators. All professional educators are expected to conduct themselves in accordance with the Code. Failure to do so may result in professional discipline. Indicate that you have read the code by checking the box below.

I certify that I have read and will abide by the Code of Professional Practice and Conduct for Educators.

SECTION VI-AFFIDAVIT

I certify that the information provided in this application, including all statements, transcripts and documentation, are correct and true. I understand that the falsification of any statement or document may result in professional discipline, including revocation of my Pennsylvania certificate.

Signature of Applicant

Date



FOR APPOINTMENTS, CALL 610-988-4000.

Late arrivals may be rescheduled. Please be on time! We accommodate walk-ins for urgent problems. Call ahead for prompt service!

Employer Name: _____

Employee/Applicant Name: _____

Appointment Date: _____ Time: _____

SERVICE LOCATIONS

(see reverse side for directions)

The Reading Hospital at Muhlenberg

1000 Tuckerton Court
Reading, PA 19605
610-988-4000

Monday-Thursday: 7:30 a.m. to 5:30 p.m.
Friday: 7:30 a.m. to 5 p.m.

Appointments preferred!

The Reading Hospital and Medical Center

Doctors Office Building
301 South Seventh Avenue
Suite 2020
West Reading, PA 19611
610-988-8437

Monday-Friday: 7:30 a.m. to 5 p.m.

Appointments preferred!

Injury Treatment: _____

DATE \ TIME \ DESCRIPTION OF INJURY

SERVICE

Urine Drug Screen** (non-DOT)

Breath Alcohol Test** (non-DOT)

Physical Exam

Audiogram

Tuberculosis Skin Test (TST)

Vaccine: _____

Executive Physical

OSHA Respirator Clearance

DOT Urine Drug Screen**

DOT Breath Alcohol Test*

DOT Physical Exam

Other: _____



* Bring photo identification.

+ We follow Department of Transportation guidelines for urine drug collections. If you are unable to provide adequate urine sample upon arrival, you will be asked to drink 40 ounces of fluid and may need to remain up to three hours. Please plan accordingly.



FREE parking is available in front of The Reading Hospital at Muhlenberg.

Directions to The Reading Hospital at Muhlenberg

1000 Tuckerton Court | Reading, PA 19605

FROM WESTERN BERKS COUNTY – Take Route 422 East toward Reading. Bear right onto Route 222 North ramp toward Allentown (former “Road to Nowhere”). Take the Tuckerton/Route 61 South exit. Continue on Route 61 South; turn right at the second traffic light onto Tuckerton Road. Continue through intersection at Reading Crest Avenue. Occupational Health Services is the second building on the left at Tuckerton Court

FROM NORTHERN OR NORTHEASTERN BERKS COUNTY – Follow Route 222 South. Take Route 61 South exit. Continue on Route 61 South; turn right at the second traffic light onto Tuckerton Road. Continue through intersection at Reading Crest Avenue. Occupational Health Services is the second building on the left at Tuckerton Court

FROM SOUTHERN BERKS COUNTY – Follow Route 422 West toward Lebanon; stay in the left lane on Route 422 West to Route 222 North to Allentown. Take Route 61 South exit. Continue on Route 61 South; turn right at the second traffic light onto Tuckerton Road. Continue through intersection at Reading Crest Avenue. Occupational Health Services is the second building on the left at Tuckerton Court

OR

Take Route 61 North (from downtown Reading) to the traffic light at Tuckerton Road. Turn left at the traffic light onto Tuckerton Road. Continue through intersection at Reading Crest Avenue. Occupational Health Services is the second building on the left at Tuckerton Court.



FREE parking is available in the 7th Avenue Garage. An enclosed pedestrian bridge connects the garage with the Doctors Office Building.

Directions to The Reading Hospital and Medical Center Doctors Office Building

301 South Seventh Avenue | Suite 2020
West Reading | PA 19611

FROM WESTERN BERKS COUNTY – Follow Route 422 East. Take the Penn Avenue/422 Business exit. Follow Penn Avenue to Seventh Avenue; turn right onto Seventh Avenue. Continue through the intersection at Spruce Street. The Doctors Office Building is on the left. Park in the 7th Avenue Garage on the right.

FROM NORTHERN OR NORTHEASTERN BERKS COUNTY – Follow Route 222 South to Route 422 East. Take the 422 Business West/Penn Avenue exit. Follow Penn Avenue to Seventh Avenue; turn left onto Seventh Avenue. Continue through the intersection at Spruce Street. The Doctors Office Building is on the left. Park in the 7th Avenue Garage on the right.

FROM SOUTHERN BERKS COUNTY – Follow Route 422 West. Take the Penn Avenue/West Reading exit. Follow Penn Avenue to Seventh Avenue; turn left onto Seventh Avenue. Continue through the intersection at Spruce Street. The Doctors Office Building is on the left. Park in the 7th Avenue Garage on the right.

