

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-----

<i>FBI fingerprint check</i>	
Date Initiated:	Date Completed:

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.