

PROVIDER RECORD CHECKLIST

ORIGINAL BACKGROUND CHECKS (Renewed every three years)) _____

Expiration Date

SWORN DISCLOSURE STATEMENT INDICATING NO BARRIER CRIME

CRIMINAL RECORD REPORT INDICATING NO BARRIER CRIME

CHILD PROTECTIVE SERVICES REGISTRY REPORT INDICATING NO FOUNDED COMPLAINT

REPORT OF TUBERCULOSIS SCREENING (Obtained every two years) _____

Expiration Date

DOCUMENTATION OF ANNUAL TRAINING _____

Anniversary Date

Current CPR certification _____

Expiration Date

Current First Aid certification _____

Expiration Date

Current MAT certification _____

Expiration Date