The College of Education requires the seven clearances below to be on file with the Office of Teacher Education, Clinical Practice, and Certification for all Education majors.

As you obtain each clearance, save it as an individual PDF, naming it with the appropriate clearance abbreviation (24, 34, 114, 126, 151, LIAB, TB). Then, add your last name, a space, and then your first name (Ex: 24 McClure Beth). Once you have all seven, use the PowerPoint instructions to upload them to the Clearance Database from any computer, in any location.   
 ***It is important that you keep copies for your records as clearances cannot be emailed, faxed, or mailed to you.***

If you have any questions, you may contact Beth McClure at [bmcclure@commonwealthu.edu](mailto:bmcclure@commonwealthu.edu) or at 570-662-4024.

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| 1. Act 24 (Arrest/Convictions) | <https://www.education.pa.gov/Educators/Clearances/Laws/Pages/Act24.aspx> Form PDE 6004 is at the end of second paragraph. Print, complete, **sign**, date, scan, and then upload. | Free |
| 2. Act 34 (Criminal Record) | This report may be obtained at[:](https://epatch.state.pa.us/) <https://epatch.pa.gov/home>.  Choose employment – **do not** choose “volunteer”. Please make sure the clearance you submit reads “has no criminal record” rather than “pending.” | $22.00 |
| 3. Act 114  (FBI Federal Criminal History Record) | For this clearance, see all information at <https://uenroll.identogo.com/>.  Under the Service Code entry box, enter “1KG6RT”. You will then be directed to the page where you can schedule/manage an appointment and locate fingerprinting locations. You will see “1KG6RT - Pennsylvania PDE-Colleges/Universities Teacher Education Program” at the top of this page.  Select “Schedule or Manage Appointment” then complete the registration. Note that you must register prior to going to the fingerprint site. You will register online and make an appointment at a PA fingerprinting site. You will receive a receipt with a UZSV number on it.  Please keep this receipt which allows our office to access your results. You will receive an email from pasafecheck that allows you a one-time opportunity to print your results. | $25.25 |
| 4. Act 126(Mandated Reporter Training) - Good for 5 years | To complete this training, visit [https://www.reportabusepa.pitt.edu](https://www.reportabusepa.pitt.edu/). Please note that this is **not** for Act 48 Credit or Licensure. | Free |
| 5. Act 151  (Child Abuse) | This form may be obtained a[t](file:///C:\Users\55bmcclure\Documents\Clearances\t) <https://www.compass.state.pa.us/CWIS/Public/Home>. On the home page, there is a box at the top. Click on “Create Individual Account” and then apply for your clearance.  Please choose *School Employee Governed by Public School Code: Applying as a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code.* Please remember to log back in and print your results! | $13.00 |
| 6. Professional  Liability Insurance | Purchase professional liability insurance. Three available sources for university students include but are not limited to: a) **PSEA** [https://www.psea.org/apps/students.aspx,](https://www.psea.org/apps/students.aspx) b) **Council for Exceptional Children (CEC)** [https://exceptionalchildren.org/ membership/student-membership/pre-service-student-membership](https://cec.sped.org/Membership/New-Membership-Options/Your-Membership/University-College-Classroom-Package?fbclid=IwAR0Fr0eya3FYmtsgsUSkkfhNfgtdhTUTNY7lKEuvuJnDr3d--viHYRdWE6k) or c) alternative personal.  You are able to choose your coverage periods from 1-4 years. It is acceptable to submit a copy of just the front of your membership card.For our ASL/DHH majors, the following two options are available: [Interpreters for the Deaf Professional Liability Insurance (proliability.com)](https://www.proliability.com/professional-liability-insurance/interpreters-for-the-deaf.html) or [Welcome To DHH Insurance](https://dhhinsurance.com/).  Please ensure that the policy you select includes a minimum of $1,000,000.00 per claim and $3,000,000.00 aggregate. | $30/1 year  $53/2 years  $73/3 years  $90/4 years |
| 7. Tuberculosis Test | Submit the results from a current tuberculosis screening administered within the past 90 days, unless otherwise required by individual districts. Your submission should include your name, the doctor’s office information, the date the serum was given, the date the result was read, the result positive/negative, and a signature from the doctor’s office. | Based on doctor’s office fee |