College of Education & Social Work / Professional Education Unit
Employed School Professional's Verification of Employment

This form cannot be used for Student Teaching without approval from your department and the
Office of Clinical Experience

Are you a post-baccalaureate (post-bac) or M.Ed. teacher candidate or school counselor? ☐ **Yes** ☐ **No**
Are you currently employed at a school district, private school, charter school, or childcare center? ☐ **Yes** ☐ **No**
Are you a teacher, para educator, or school counselor? ☐ **Yes** ☐ **No**
Are you able to complete all field work for the semester at your place of employment? ☐ **Yes** ☐ **No**
(Field work includes any assignments that involve working with minors.)

You cannot use this form if you have any NO responses.

*You must provide the clearances your place of employment has on file. The clearances do not have to be dated within the past year.

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To be completed by the Employed School Professional/West Chester University Student.

I verify that I will be completing any and all field work for _____
                                                            Class(es)
at _____ for the semester _____ year _____
    Employment
I understand that it is my responsibility to inform the Office of Candidate Services immediately if I am no longer able to complete any field work at my place of employment. In the event I cannot complete my field work at my place of employment, I understand that I must obtain three background clearances and a TB test to continue in the class. I also understand that a new form must be submitted before the start of any semester I have field work.

_____   _____
            Signature of WCU Student   *Printed Name*
_____   _____   _____
            Date   *WCU ID #*   *Cell #*

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To be completed by a Human Resources representative or administrator.

I verify that _____ is currently employed as a _____
              West Chester University student   *position*
at _____ .
      employment
and that he/she/they/them has the following clearances on file which meet our requirements for clearances.

Please check if required by employment. **If not required by your school or childcare center, please put N/A beside it.**

- ☐ 1. Pennsylvania State Police Criminal Background Check
- ☐ 2. Pennsylvania Child Abuse History Clearance
- ☐ 3. FBI Fingerprinting Clearance
- ☐ 4. Tuberculosis (TB) Testing

_____   _____
                  Signature   *Printed Name*
_____   _____
                Position Title   *Date*