



National Service Criminal History Check (NSCHC) Clearance Letter



1.	Name of individual in covered position	
2.	Recurring access to vulnerable populations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Term of Service Start Date	

4. Verification of identity

Photocopy/scan of government-issued ID (driver's license or passport) attached or included in Member record/file

-----or-----

ID type: _____ ID number: _____ Expiration: _____

5. Written Consent

Scanned or attached consent from candidate agreeing to undergo checks and confirming that the candidate understands selection is contingent upon the outcomes of the checks.

6. National Sex Offender Public Website (www.nsopw.gov)

Date Completed: _____

- Screenshots or printout of results from National Sex Offender Public Website (NSOPW) that clear your candidate.
- If the NSOPW search returns any results, include documentation that shows that your candidate is not one of those listed.
- If any registries were not reporting at the time of your search, documentation that you either searched the nonreporting registry directly or conducted a second NSOPW search when the registry was present.

7. Records Checked

(a) State Checks

State of Service:	Source:
Initiation Process:	
Date Initiated:	Date Completed:
State of Residence:	Source:
Initiation Process:	
Date Initiated:	Date Completed:

-----and/or-----

(b) FBI Checks

Date Initiated:	Date Completed:
Initiation Process:	

8. Accompaniment

- Attach documentation of each instance of accompaniment during service or work with vulnerable populations when required. Record the date, time, location, and name of person who provided accompaniment.
- Ensure person who provided accompaniment has been cleared in their position.

9. Alternative Search Procedures (ASP) or Exemptions

This individual was cleared using an ASP or exemption. Briefly describe how the approved process differs from the standard required NSCHC process below. Include the ASP or exemption reference number. (For example, "ASP-2016-001".)

10. Consideration of results

I have reviewed and considered the results of these checks and certify that this individual is eligible for work or service.

Signature of Selecting Official

Date

Name and Title of Selecting Official