

Pennsylvania Child Protection Background Clearance Submission

PA ACT 153

To be completed by the Unit Youth Protection Chair or Other Unit Designee:

Council: _____ District: _____

Unit Number: _____ Chartered Organization: _____

Unit Type (Check One): _____ Pack _____ Troop _____ Team _____ Crew _____ Ship _____ Post

The individuals listed below have completed the background clearances required under PA ACT 153 and have submitted reports as originals. Copies of these reports are attached.

Signature: _____ Date: _____

Print Name: _____ Email: _____

Phone: _____

Required Clearance Reports:

- 1. Pennsylvania State Police Criminal History Check Report – Enter Date Below
- 2. PA Dept. of Human Services Child Abuse Clearance Report – Enter Date Below
- 3. Fingerprint-Based FBI Criminal History Check Report OR Exemption Disclosure Statement Form
 - a. Enter Date below if Fingerprinted or EXEMPT if exempt

Name	PA State Police (Enter Date)	Child Abuse (Enter Date)	FBI or Exemption (Enter Date or EXEMPT)