

STAFF DOCUMENT VERIFICATION FORM

The Ohio Department of Education (the Department) has developed this optional form to verify required documents for preschool and school age child care licensing. This information should be in an employee's personnel file and available for review by the Department.

Name of Employee (Print):

Hire Date:

Name of Program (Print):

Name of Organization or Employer (Print):

Medical Statement:

Date of Medical Statement (must be signed by a physician, physician assistant or an advanced practice registered nurse (in accordance with section 4723 of the revised code. **Month/Day/Year:** / /

Criminal Background Checks:

Date of completed BCII Records Check: _____

Date of completed FBI Records Check: _____

If applicable ODE Educator license/permit number: _____

Type of educator license: _____

Teaching area: _____

Endorsement: _____

SIGNATURE: By signing below, I certify that I have the authority to sign this Document Verification Form on behalf of the Program. I further certify that I am the custodian of these records and have personally reviewed the above referenced documents, which are available for inspection for the Department upon the Department's request.

I certify that all the information given in this Document Verification Form is true, complete, and accurate.

Printed name of person verifying records are on file _____

Title _____

Signature of person verifying records are on file _____

Date Month/Day/Year: / /

Rev Date: 12.1.2020