

## **College of Health Sciences – Kinesiology Department – Student Internship Clearance Instructions:**

Every Exercise Science student needs to complete specific clearance items before receiving approval to begin an internship experience.

The first four items listed (*child abuse, criminal history, professional liability, and medical insurance*) are **REQUIRED** from all Exercise Science students completing an internship experience. Some internship sites may require additional clearance items before the student can be approved to start on-site hours. *Students are responsible for confirming with their site on all clearance requirements that must be completed.*

The information provided below is a comprehensive list of clearance items and directions on how to obtain documentation that may be needed to submit to the Department for approval before starting an internship experience.

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### **1. Child Abuse History Certification (required from all EXS students):**

<https://www.compass.state.pa.us/CWIS/Public/Home>

1. If registering for the first time, choose Create Individual Account and proceed to step 2. Otherwise, choose Individual Login to Access your Clearances and Create a Clearance Application. Proceed to Step 6. (See FAQ at the top of website if “having trouble logging in”)
2. Read the directions on the next page, and then click Next.
3. Fill in all the information requested (remember the Keystone ID is a username created by the user) including security questions and the security riddle (if the security riddle is unclear go back to the initial website and you should get a new question). Click Finish after completing all fields.
4. You will be provided with a temporary password at the email address provided.
5. When you receive the email go back to the initial webpage and chose Login and if entering for the first time you will be prompted to change your password. (It is important that you write down your username and password for future access!)
6. There will be a series of pages to fill in but remember to select School Employee Not Governed by Public School Code for the purpose of the clearance (Do not choose VOLUNTEERS Only version)
7. When asked about the Certificate Delivery Method, remember to answer Yes, you would like to have a paper copy sent to your home or mailing address.
8. You must pay for the clearance online (\$13 effective July 1, 2018) using either a debit or credit card and then sign electronically.
9. The website states that you will be provided with updates regarding the status of your clearance and will be notified when it is ready to be printed. While the website states that the process is automatic, it has been known to take up to two weeks for the clearance to be generated.

**To check on a PA Child Abuse clearance request, if there is a delay:  
CWIS Support Center: 1-877-343-0494 (PA Child Abuse)**

**2. PA State Criminal Record Check (required from all EXS students):**

PA State Police <https://epatch.state.pa.us>

1. Have a credit card ready.
2. Click on Submit a New Record Check (Do not choose VOLUNTEERS Only version)
3. Select Individual Request
4. Reason for Request - choose Other.
5. Accurately complete the information requested and click Next.
6. Verify, then click on Proceed.
7. Enter your personal information again and click Enter the Request.
8. Click on Finished.
9. Click Submit on the Review page
10. Enter your credit card information (\$22) and click Next.
11. Click on the hyperlink for the control number.
12. Very Important: Write down the Control Number and the date it was processed.
13. Click on Certification Form.
14. Print this form. If you have issues with printing, you will need the CONTROL NUMBER and the DATE you processed the clearance in order to access it on another computer to print.

**To check on a PA Criminal Record clearance request, if there is a delay:  
PATCH Helpdesk: 1-888-783-7972 (PA Criminal Record Check)**

3. **Professional Liability Policy (required from all EXS students):** Students are responsible for obtaining a policy with coverage limits for a minimum of \$1 million per incident/\$3 million aggregate. You can select to purchase a multi-year policy to cover throughout all clinical experiences.
  - a. The American College of Sports Medicine (ACSM) offers liability insurance to its members. To obtain rate information, contact FTJ directly at (866) 820-5183. Identify yourself as an ACSM Member or ACSM Certified. To find out more about ACSM and to become a student member go to [www.acsm.org](http://www.acsm.org).
  - b. The National Strength and Conditioning Association (NSCA) offers liability insurance to its members. Student membership is \$65 per year. Here is the link to become a member and apply for insurance. <http://www.nsca.com/Membership/Member-Tools/>.
4. **Medical Insurance:** please provide a copy of the front and back of your medical insurance card. Your name must appear on the card. If not, please include documentation from your medical insurance company showing you are covered. (example: letter of proof of coverage from insurance company)

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*The following clearance items may be required by your internship site. Students are responsible for reviewing and confirming with their internship site supervisor on the need to obtain any of the following items in addition to the four items required above.*

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#### **FBI Fingerprinting Process:**

Pre ~~registration~~ **registration** can be completed using the link below or calling 1-844-321-2101  
<https://uenroll.identogo.com/>

When you register, you will have to provide a service code (see below)

Service Code	Applicant Type	Description	Department
1KG6ZJ	<a href="#">DHS Volunteer</a>	An individual applying for or holding an unpaid position as a volunteer with a child-care service, a school or a program, activity or service, as a person responsible for the child's welfare or having direct volunteer contact with children.	Department of Human Services

1. **Schedule or Manage Appointment** and complete all required information
2. **Employer Information** can be skipped
3. **Citizens Information** complete required information
4. **Personal Information** complete required information (you do not have an authorization code)
5. **Address** complete required information
6. **Documents** select the identification documentation you will bring to the fingerprinting appointment
7. **Location** enter your zip code to locate available locations
8. **Date and Time** schedule your preferred day and time to go get fingerprinted
9. **Submit** and you will be prompted to confirm the appointment.
10. **Payment** will be made at the fingerprinting appointment to the IdentoGo Center via credit card, business check, or money order.

**11. Cost** is estimated around \$24

**12. After getting fingerprinted** within 72 hours you will be sent an email from PASafeCheck (status@dev.PASafeCheck.identogo.com) with a **ONE TIME ACCESS** link to view/print your Unofficial Copy called the Civil Applicant Response. One you click the link – be ready to print.

**\*\*IT IS IMPORTANT THAT YOU ARE AT A COMPUTER WHERE YOU CAN PRINT AND SAVE THE UNOFFICIAL COPY AS THIS WILL BE A ONE-TIME ACCESS ONLY LINK!**

If you have questions about FBI clearances, please contact the FBI Background Check Unit at 717-783-6211 or 1-877-371-5422. For questions about IDEMIA registration, processing, or billing, please contact IDEMIA/Identogo at 1-844-321-2101.

**To check on an FBI Fingerprint clearance request, if there is a delay:  
Identogo/Idemia: 1-855-845-7434 (FBI Fingerprinting)**

**TB Test:**

Students (especially those who will be working in a school district) need to provide proof of current TB test. Students can obtain an updated TB test through their family provider, or on campus through WCU Student Health Services. All students need to use the form linked below:

[https://www.wcupa.edu/\\_services/studentHealthServices/documents/TBNonEducationandNurses.pdf](https://www.wcupa.edu/_services/studentHealthServices/documents/TBNonEducationandNurses.pdf)

**Immunization history:**

1. Students need to submit an immunization history from their health care providers showing the following immunizations and highlight the dates each has been administered:
  - a. MMR (Measles, Mumps, Rubella)
  - b. Tdap
  - c. Varicella (Chicken Pox)
  - d. Hepatitis B
  - e. TB
  - f. Meningitis (if living on campus)
  - g. HPV (optional)
2. **Influenza Vaccination** – provide documentation from current or most recent season completed