

## 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