

**State and Federal Programs Department
Supplemental Educational Services (SES)**

Provider/Organization Name: _____

Address: _____

City, State, Zip Code: _____

**2015-2016 Personnel Criminal Background, Tuberculosis Clearance,
and Originating Reporting Agency Identifier (ORI) Code Statement**

I, _____, am an authorized representative of _____. I hereby certify under penalty of perjury, that, pursuant to Education Code Section 44237 of the California Education Code, the required criminal background check(s) of **all** persons (including staff, volunteers, and anyone who will be in contact (be it physical, verbal, or via online services) with program participants) who will be providing services to the Language Academy of Sacramento has been conducted and that none of those persons listed below have been reported by the California Department of Justice (CDOJ) or the Federal Bureau of Investigation (FBI) as having been convicted of a serious or violent felony as specified in Penal Code Section 667.5(c) and/or 1192.7(c).

I further certify that the below named individuals have been cleared by medical personnel within the past four (4) years as not being a carrier of contagious Tuberculosis (TB).

It is also hereby certified under penalty of perjury, that, pursuant to Language Academy of Sacramento LEAs (LAS) 2012-2015 No Child Left Behind Supplemental Educational Services Master Contract Agreement, Section I(F)(4) Definitions, "qualified," and Section IV(B), Staff Qualifications, the required professional development/training of all persons who will be providing services to LAS has been conducted.

The persons listed below are currently our employees or volunteers (and may or may not include current school LEA credentialed or non-credentialed staff) and have submitted to and received a fingerprint clearance by the CDOJ under **ORI code #:** _____ issued to the organization named above that I am representing and have been trained in using the specific program and materials utilized by CONTRACTOR.

Employees Full Name	Title	FBI/Date	DOJ/Date	TB/Date
Volunteers	Title	FBI/Date	DOJ/Date	TB/Date
Independent Contractors paid under IRS 1099	Title	FBI/Date	DOJ/Date	TB/Date

Out of State Employees/Volunteers:

The persons listed below are currently our employees or volunteers (and may or may not include current school LEA credentialed or non-credentialed staff) residing in a different state (not California) in the United States and have submitted to and received a fingerprint clearance through their state of residence equivalent to the CDOJ and the organization I am representing above is receiving their annual FBI criminal records histories. These employees/volunteers have been trained in using the specific program and materials utilized by CONTRACTOR.

Employees Full Name	Title	FBI/Date	DOJ/Date	TB/Date
Volunteers	Title	FBI/Date	DOJ/Date	TB/Date

I agree to keep this list current and to submit an addendum with my monthly invoice if/when changes occurs and/or additional personnel are added or personnel are removed. I understand that if, at any time, I use a substitute for any personnel on the list, the stipulations hold true for them as well. I further agree to prepare a new Personnel Clearance Statement, at a minimum, on an annual basis.

Authorized Representative Signature

Date

Authorized Representative Name (PRINT)

Provider/Organization Name: _____

Address: _____

City, State, Zip Code: _____

PERSONNEL TRAINING STATEMENT

I, _____, am an authorized representative of _____ and I hereby certify under penalty of perjury, that, pursuant to the Language Academy of Sacramento SES Master Contract Agreement, Section 1(F)(4) Definitions, "qualified;" Section IV(B), Staff Qualifications; Section V(F), Child Abuse Reporting; and Section V(G), Reporting of Missing Children, the required professional development/training of all persons who will be providing services to the Language Academy of Sacramento has been conducted.

The persons listed below are currently active employees of a public school LEA and have been trained in using the specific program and curriculum utilized by CONTRACTOR and in Child Abuse and Missing Children reporting procedures: (If Independent Contractors, add their names below as well)

Full Name	School LEA	Credential	Hours

The persons listed below are currently employees or volunteers of CONTRACTOR and have been trained in using the specific program and curriculum utilized by CONTRACTOR and in Child Abuse and Missing Children reporting procedures:

Employees/Volunteers Full Name	School Level Attended/Major/Degree:	Hours

The persons listed below are currently not credentialed public school employees or/are and are Independent Contractors and have been trained to tutor using the specific program and curriculum utilized by CONTRACTOR and in Child Abuse and Missing Children reporting procedures:

Independent Contractor paid under IRS 1099 Rules Full Name	School Level Attended/Major/Degree:	Hours

I agree to keep this list current and to submit an addendum with my monthly invoice if/when changes occur and/or additional personnel are added or personnel are removed. I understand that if, at any time, I use a substitute for any personnel on the list, the stipulations hold true for them as well. I further agree to prepare a new Personnel Training Statement, at a minimum, on an annual basis.

Authorized Representative Signature

Date

Authorized Representative Name (PRINT)