



Document Verification Form

Itinerant Special Education Teachers and Related Services Personnel

Revised 4/14/2016

The Ohio Department of Education (ODE) and the Ohio Department of Job and Family Services (ODJFS) has cooperated to develop this verification form in which to verify required documents in an employee's file.

This form verifies that the named employee has:

1. Completed the BCII and FBI criminal records check requirements of ODE as the employer of record and the results of these records checks submitted to ODE as required.
2. A signed Statement of Non-Conviction attesting that the employee has not been convicted of or plead guilty to the crimes set forth in divisions (A)(8) or (A)(9) of section 109.572 of the Revised Code and that no child has been removed from the employee's home as described in section [2151.353](#) of the Revised Code.
3. A medical statement on file that meets the requirements of ODE as the employer of record.

Section I - Personnel Information

Employee Name _____

Employer Name _____

Section II - Criminal Background Checks

Date of BCII Records Check _____

Date of FBI Records Check _____

Expiration Date _____

Expiration Date _____

Section III - Statement of Nonconviction or Conviction/Rehabilitated Form

Date of Nonconviction or Conviction/Rehabilitated Form Completed _____

Section IV - Employee Medical Statement Form

Date of Employee Medical Statement Form Completed for File _____

This form must be updated annually and provided to the director of the community program in which special education and/or related services are delivered and provided to the appropriate child care program.

Signature of Employee _____ Date _____

Signature of Person Completing Verification Form _____ Date _____