

APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care facility where child care is occurring.
- All individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options for submitting the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services P O Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to the following resource account: **RA-PWNSOR@pa.gov** In the subject line list 'NSOR Verification_Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

Purpose of the National Sex Offender Registry Verification (Check one box only)

- Individual 18 years or older residing in the facility where child care is occurring
- Individual working for Regulated Child Care Providers
- Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.

Applicant Demographic Information

Full Name (Last, First, Middle Initial): _____

Social Security Number (XXX-XX-XXXX): _____

Date of Birth (MM/DD/YYYY): _____

Daytime Phone Number (XXX-XXX-XXXX): _____

Mailing Address: _____

E-mail Address: _____

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: _____

Date: _____

For CVU internal use only

Date application received at CVU:

Date emailed or mailed to the applicant: