

Wake County - Field Experience

1. Complete and submit the following documents:
 - a. Background Check- link on the bottom of page 2.
 - b. Submit a copy of the approval email from the background check in the Microsoft Form.
 - c. Health Form- page 3
2. Submit all completed documents through the Microsoft Form link available on the Field Experience website.
3. Placement confirmations will be provided by the Office of Educator Engagement and Student Success and reflected in the Brave Educator Dashboard. Be sure to check the dashboard regularly for updates.

Questions? Please contact the Director of Educator Engagement and Student Success, Dr. Kamina Fitzgerald, kamina.fitzgerald@uncp.edu

Criminal Record Check Instructions for Prospective Student Teachers, Interns, & Pre-Service Students

You have been recommended to complete a student teaching, full-time internship, or pre-service placement with the Wake County Public School System.

Important: Read this message in its entirety to ensure an accurate understanding of the next required step in the student approval process.

After a student is recommended for placement, the next step in the approval process is the completion of a criminal record check with CriminalRecordCheck.com (CRC). CriminalRecordCheck.com is the Wake County Public School System's third-party vendor that handles all criminal record checks.

Please note the following:

- After reading this message, you will use the link below to access CRC's secure website. **This link is confidential and should not be shared with others.** While completing CRC's process, you will be asked for personal identifying information needed for security and compliance purposes. All information entered into CRC's secure website is kept secure and confidential.
- The link included in this email is authorized by the WCPSS. If you have any questions as to the legitimacy of this e-mail, please contact the WCPSS Human Resources Department or contact the CRC Customer Care Group at 877-272-0266 ext. 0.
- On the CRC background screening site, you will find a disclosure, an authorization form, as well as a summary of rights under the Fair Credit Reporting Act. Please review these documents and then complete the portions of the form highlighted in red. If you have any questions about completing the form, you may contact the CRC Customer Care Group at 877-272-0266 ext. 0.
- Make sure that you include your name and contact information when you begin the process. If you leave the CRC background site before completing your contact information, you will have to begin the process again.
- Criminal record checks vary in completion time based on the applicant's residence history. **Please do not submit a duplicate CRC Request.**
- As a reminder, student placements with the Wake County Public School System are conditional based on the completion of the criminal record check and approval from Human Resources. Your university placement coordinator will be notified of your approval status once the student approval process has been completed. **You may not begin your student teaching, internship, or pre-service placement until you have been approved by WCPSS Human Resources.**

Please click the link below to start your criminal record check:

https://orders.mycrc.com/c/p/unsolicited_portal?guid=79RjKRGy6cipyMsJucP8V4r5pu4e03ll

For technical support, contact the CRC Customer Care Group at 877-272-0266 ext. 0.

The Wake County Public School System requires a current health examination within the past 12 months. The Wake County Public School System also requires a TB test within the past 6 months.

WCPSS HEALTH EXAMINATION CERTIFICATE

North Carolina Public Schools

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent. (Ref. NCGS 115C-323)

Name: _____ Social Security Number: _____

The above-named individual is to be recommended for employment by _____ local school board) in a position of _____. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies, or related restrictions.

I. Communicable Disease

By my signature I certify that the above named **person does not have any communicable disease, including tuberculosis, or any other communicable disease**, that poses a significant risk of transmission in our schools or would impair this person’s ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

II. Other Health Areas

AREAS	LIMITATIONS		NATURE OF LIMITATIONS (continue on back as needed)
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			

Appropriate Immunizations	Current?		Any Immunization Recommendations
	YES	NO	
Td (tetanus), Hep B, MMR, etc.			
	<u>TB Test Results</u>		<u>Date TB test read must be noted below.</u>
TB Skin/PPD/Mantoux	Negative	Positive	

Date: _____

Physician, Physician’s Assistant or Nurse Practitioner (Type or Print)

SIGNATURE: _____

State*Granting License/Registration: _____ **License/Registration #:** _____

*For initial employment of an out-of-state applicant the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.