



**CERTIFICATION OF BACKGROUND CHECKS
AND
PROTECTION OF MINORS/MANDATED REPORTER TRAINING
FOR EXTERNAL SPONSORS**



It is the policy of Drexel University that all Authorized Adults having Direct Contact with Minors, as defined by Drexel Policy, and employed by or volunteering for, any non-Drexel, External Sponsor using University facilities, must be in compliance with the Pennsylvania Child Protective Services Laws and the Drexel University Interactions with Minors and Reporting Child Abuse Policy.

Accordingly, this form must be completed and signed by the responsible party in authority representing the External Sponsor and forwarded to the Minors Coordinator prior to commencement of any Direct Contact with Minors.

PART 1: PROGRAM INFORMATION

1. External Sponsor: _____
2. Name of Primary Contact Person: _____
3. Address: _____
4. Phone Number: _____
5. Email: _____
6. Brief Description of Program/Activity/Service/Event: _____
7. Date/Time: _____

PART 2: AUTHORIZED ADULTS

The following persons have been authorized to have Direct Contact with Minors while participating in the Program, Activity, Service or Event as identified on this form.

NAME (First & Last)	POSITION

Please provide additional names on a separate sheet of paper and check this box.

PART 3: CERTIFICATION

By my signature below, I swear/affirm that:

1. The authorized adults listed in Part 2 of this form are in full compliance with the Pennsylvania Child Protective Services Law and have received the required background checks and clearances through the Pennsylvania Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation (if applicable) and that a copy of these clearances is on file with our organization; and,
2. The authorized adults listed in Part 2 of this form have received training in the Mandated Reporting of Child Abuse and the Safe Environment/Protection of Minors; and,
3. That the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Title: _____ Date: _____