## **REVIEW OF STAFF/VOLUNTEER RECORDS**

FACILITY NAME								LICENSE REPORT (LIC 809) DATE								
FACILITY NUMBER								SIT	PRELICENSING		☐ ANNUAL ☐			FOLLOW-UP/POC		
											☐ COMF	LAINT		CASELOAD MANAGEM	MENT	
ITEM NUMBER	NAME EMPLOYEE/VOLUNTEER	OFFICE F FINGERPRINT CLEARANCES/ EXEMPTIONS		CRIMINAL RECORD STATEMENT	DATE EMPLOYED	POSI	TION	PERSONNEL RECORD OR JOB APPLICATION	PHYSICIAN'S REPORT	T.B. TEST	FIRST AID CERTIFICATE	EDUCATION VERIFICATION	RIGHTS	MEDICAL TRAINING VERIFICATION*	COMMENTS	
LICENSING EV	VALUATOR SIGNATURE	LICENSING E	SING EVALUATOR NAME (PRINT)							DATE						
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