

Field Experience Requirements (For Placements 40 hours or More)

Complete each item below and deliver all documents to:

Henrico County Public Schools Attn: Chelsea Bell 3820 Nine Mile Road Henrico, Virginia 23223

No later than <u>July 1</u> (for fall placement) or <u>November 1</u> (for spring placement).

If any of these items have already been completed within the past one year, you may submit the results to us for review.

□ Criminal History/Background Check PART I

- 1. Go to http://www.vsp.virginia.gov
- 2. Under "Services," select "Forms"
- 3. Scroll down to the shaded box labeled "Criminal History/Background Check/Sex Offender Name Search"
- 4. Click SP-167/SP-230 Web Form

Virginia Criminal History Request Form SP-167/SP-230 This form must be printed and mailed to the Virginia State Police.

If you are unable to print this form, contact the Help Desk at (804) 674-2131. NOTE: Please ensure your browser is up to date before calling the Help Desk.



- 5. In the new window, follow the instructions on the screen
 - a. For Form: Select: SP-167 for Criminal History & Sex Offender and Crimes Against Minors Name Search
 - b. For Request Type, select "Criminal History and Sex Offender Search \$20.00"
 - c. For Mail Results To: Henrico County Public Schools Attention: Chelsea Bell Address: 3820 Nine Mile Road

City, State, Zip: Henrico, Virginia 23223-0420

- 6. Type in your personal information and click Confirm
- 7. Once you confirm the information is correct, click Generate
- 8. Print this form
- 9. Sign in Section 1: Affidavit for Release of Information in the presence of a Notary (You can choose to have the document notarized on your own or HCPS can notarize your document)

PART II

Fingerprints

- $_{\odot}$ Visit a Virginia State Police office where fingerprints are taken
- Complete a VSP Fingerprint card: <u>§10.00</u>- They will accept cash, no personal checks.

Mail or hand deliver a completed/signed SP-167 form, original fingerprint card and Money Order payable to **Virginia State Police** for **\$20.00**, to Chelsea Bell for her *Signature of Person Making Request*.

□ Tuberculosis (TB) Assessment/Test

- o Go to any doctor/clinic to have a TB Assessment or TB Skin Test done
- Provide the results in package to Chelsea Bell