



Student Practicum Orientation

**Welcome to
Stafford County Public Schools!**

BEFORE YOU BEGIN...

This online orientation is intended to assist you in completing the necessary paperwork pertinent to your practical placement with Stafford County Public Schools.

Please review the following information before you begin the orientation:

- Our office is currently on an appointment only bases. You must schedule an appointment for fingerprinting and turning in paperwork using [this link](#).
- The forms pictured within this presentation are **interactive**; that is, clicking on the **title** or **embedded image** will lead to full-sized version of that form.
- The forms are also **fillable** and can be completed on your computer, then printed (recommended). You may print each form first and complete it by hand if preferred.
- The placement forms contained within this orientation are presented in PDF format. If your browser does not support the viewing of PDF documents, we recommend you download the free version of Adobe Reader at get.adobe.com/reader/.
- Once all forms are ready, you must schedule an appointment to come to Human Resources for fingerprinting; a link for scheduling is at the end of this presentation.

*For **technical questions** regarding this presentation or if you have difficulty viewing the employment forms through the links provided, please contact Human Resources.*

REQUIRED FORMS

To begin your placement with our school system, please ensure that you have completed and submitted **all** items in this orientation, which are required for compliance with federal, state, and local regulations. **YOU MUST SUBMIT ALL FORMS BEFORE YOU BEGIN YOUR PLACEMENT.**

You must bring the following forms to your appointment:

Tuberculosis Risk Assessment

Completed, *unsigned* DSS form

Completed Fingerprint Consent form

Completed Badge form

Photo ID

For questions, please call the HR office at (540)658-6560.

TUBERCULOSIS RISK ASSESSMENT

All individuals working in schools **must** be screened and/or tested for tuberculosis.

Click the image to the right to view and complete the TB screening form.

If you cannot arrange an appointment with health provider to complete this screening, you may arrange to see the school nurse at the school where you will be assigned. However, this may lead to a delay in your start date.

STAFFORD COUNTY PUBLIC SCHOOLS HEALTH SERVICES
Screening Created by PD 16 School Health TEAM

TUBERCULOSIS RISK ASSESSMENT FOR ALL NEW EMPLOYEES - CONFIDENTIAL

NAME: _____ SCHOOL: _____
POSITION: _____ DATE: _____

Code of Virginia 22.1-306 recommends that tuberculosis (TB) testing be performed on all individuals who may be at increased risk of TB. To the employer: please complete the following risk assessment below OR provide documentation from a licensed physician, nurse practitioner, or registered nurse of a negative TB test within the last 3 months or documentation of treatment with no current symptoms.

- Were you **born** in a country outside of the United States?
 No Yes If yes, what country? _____
- Have you **spent** three or more consecutive months in a foreign country in the last five years?
 No Yes If yes, what country? _____
- Have you **been** exposed or had contact with a person with active TB in the last year?
 No Yes If yes, who? _____
- Were you **homeless** or incarcerated or did you live in a shelter during the last two years?
 No Yes
- Have you had any of the following: persistent cough, coughing up blood, fever for more than one week, unexplained weight loss or HIV infection?
 No Yes If yes, please explain: _____
- Are you currently taking oral steroid medications (other than inhalers), cancer treating drugs or any other medication or treatment that might weaken your immune system?
 No Yes
- Have you **ever** had a positive test for TB or been treated for active TB disease or latent TB infection?
 No Yes If yes, please provide details: _____

- Do you have any of the following medical conditions (circle yes or no)?
a. Diabetes No Yes f. Gastrectomy No Yes
b. Malnutrition No Yes g. SIBO/sis No Yes
c. Cancer No Yes
d. Chronic renal failure No Yes
e. Congenital or acquired immunodeficiency No Yes

INSTRUCTIONS FOR HEALTHCARE PROVIDER: Please complete the information below. If the risk assessment completed by the employee contains one or more positive (yes) answers, please complete all information below. If the risk assessment completed by the employee contains all negative (no) answers, please check the box next to 'not at risk' then sign and date, to verify that the employee is at no risk for TB.

Date of TB test: _____ -Type of TB Test: TB skin test **OR** IGRA (interferon gamma release assay)
Test result: _____ mm induration (for TST) **OR** IGRA result: Positive ___ Negative ___ Indeterminate ___ not at risk
CXR ordered? No ___ Yes ___ If yes, result: _____
Treatment provided? No ___ Yes ___ -If yes, what? _____
Name of Healthcare Provider (please print): _____
Address: _____
Telephone: _____
Signature: _____

Revised July 2018

Request for Fingerprinting and ID Badge

STAFFORD COUNTY PUBLIC SCHOOLS, DEPARTMENT OF HUMAN RESOURCES					
Please fill out ALL fields on this page (except for HR use only) do not leave any blanks					
Applicant Information					
Last Name		First Name		Full Middle Name (not initial)	
<input type="checkbox"/> Female <input type="checkbox"/> Male		Race/Ethnicity		Height	Weight in lb
		Phone Number		ft	in
Hair Color	Hair Color	Date of birth	State of birth	Country of birth	School Working/volunteering at
For HR Office Use Only					
Licensed	<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Volunteer	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Hourly	Transaction #:
Service	<input type="checkbox"/> Substitute	<input type="checkbox"/> Coach	<input type="checkbox"/> _____	<input type="checkbox"/> Salaried	Transaction date:
NOTES					
EMPLOYEE BADGE INFORMATION FORM					
Please fill out ALL fields on this page (except for HR use only) do not leave any blanks					
Last Name					
First Name					
Position					
School or Department					
For HR Office Use Only					

As a condition for placement with Stafford County Public Schools, all students who are placed with this school division shall be required to submit to fingerprinting through the Central Criminal Records Exchange and the Federal Bureau of Investigation for purposes of obtaining criminal history record information.

Fingerprint results must be on file before you are allowed to begin. If you know that you have fingerprints on record with the State Police in any state or FBI, it is very important that you come in to HR and be fingerprinted immediately as it can take several weeks/months for fingerprint results to be returned from the State Police. This applies in all cases: felony, misdemeanor, dismissed or expunged.

Fingerprint Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544,; Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant's Rights: Your fingerprints will be used to check the criminal history records of the FBI and the Central Criminal Records Exchange (CCRE) of the Virginia State Police. You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) **You may obtain a copy of your Virginia Criminal History by submitting form SP-167, available at http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtm, to the CCRE.** You may challenge the accuracy or completeness of a Virginia criminal history record through the CCRE Expungement/Record Challenge Section, which can be reached at (804) 674-6723 for further information about this process.

CONFIDENTIALITY NOTICE

School Board Policy requires that all employees, volunteers, student placements maintain strict confidentiality regarding protected student and employee information pursuant to FERPA and HIPAA regulations.

CONGRATULATIONS!

You have now completed the online orientation for University Student Placement.

Please follow the link below to schedule an appointment to come to Human Resources to drop off your forms, be fingerprinted, and have your photo taken for your ID badge:

<https://go.oncehub.com/SCPSHRinfo>

We look forward to meeting you!