**Sample Background Clearance Checklist**

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| **Name** | **Position Title** | **BFIS Quality Credentialing ID Number** | **Date Record Check Authorization Form Submitted to CDD** | **Date Staff Submitted to Fingerprinting**(When CDD has issued a Fingerprint Authorization Certificate) | **Date Staff Submitted all Out of State Child Abuse and Neglect Registry Check Information to CDD**(When staff has lived in other state(s) within the past 5-Years) | **Date When 5-Year Renewal is Required to be Completed**(Date provided by CDD in the final background clearance letter) |
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