



# Child Abuse Clearance - Step by Step Guide

Note: This is separate from the Child Abuse/Mandated Reporter Training Certificate for licensed professionals. Penn State Health **will not accept** "Volunteer" Child Abuse clearances – **we only accept clearances done for "Employment" purposes.**

- If you have completed the Child Abuse History Clearance through the PA Department of Human Services for "Employment" within the past 5 years, you can access this by logging into your account at <https://www.compass.state.pa.us/cwis/public/home>.
- For account support with retrieving a preexisting clearance, please call 877-343-0494

## Instructions

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### How to Register

- 1.** Click "**CREATE INDIVIDUAL ACCOUNT.**"
- 2.** Click "**NEXT**"
- 3.** Fill in the blanks and click "**FINISH**"  
A temporary password is then emailed to the candidate.
- 4.** You have just created your account. Next, you will receive 2 emails.
  - a.** One will contain your user ID and another will contain your temporary password.
  - b.** Go back to the main page of the site, click "**INDIVIDUAL LOGIN**"
  - c.** Log in using these credentials
- 5.** Once you log in, click on "**ACCESS MY CLEARANCES**"
- 6.** Read the disclosure, then hit "**CONTINUE**" at the bottom
- 7.** You should now be at the login page. Enter your login credentials.
- 8.** You will next be directed to change your password and redirected to the login screen again to login with the new password.  
Once logged in, there's a Terms and Conditions page, click "**NEXT**" at the bottom right.
- 9.** Review the next disclosure and click "**CONTINUE**"
- 10.** Click on "**CREATE CLEARANCE APPLICATION**"

**11.** After clicking the above option, you will be redirected to the following page where you will click "**BEGIN**" in the bottom right corner

**12.** You will now be asked to provide an application purpose.

Select "**Individual 14 years of age or older who is applying for or holding a paid position as an employee with a program, activity or service, as a person responsible for the child's welfare or having direct contact with children**"

**Note:** This is the only option that will be accepted for employment at Penn State Health, so please select carefully.

Then, click "**NEXT**" in the bottom right corner.

**13.** Next you will be directed to the Applicant Information Section.

Complete all fields as requested. Click "**NEXT**" at the bottom of the screen when finished.

**14.** Complete Current Address section. Click "**NEXT**" at the bottom of the screen when finished.

**15.** You will be directed next to the Previous Address section. Complete as requested.

Click "**NEXT**" at the bottom of the screen when finished.

**16.** The next section to complete is Household Members. Click "**NEXT**" at the bottom of the screen when finished.

**17.** Next section is the Application Summary. Complete as requested.

Click "**NEXT**" at the bottom of the screen when finished.

**18.** The next section is the e-Signature page. Complete as requested.

Click "**NEXT**" at the bottom of the screen when finished.

**19.** The final section is the Application Payment section.

Select "**NO**" for the question "Did an organization provide a code for your application?"

Then select "**MAKE A PAYMENT**" at the bottom right.

**20.** Enter your credit card payment information for \$13.00, and select "**Pay With Your Credit Card**"

## **Payment Information**

## **Results**

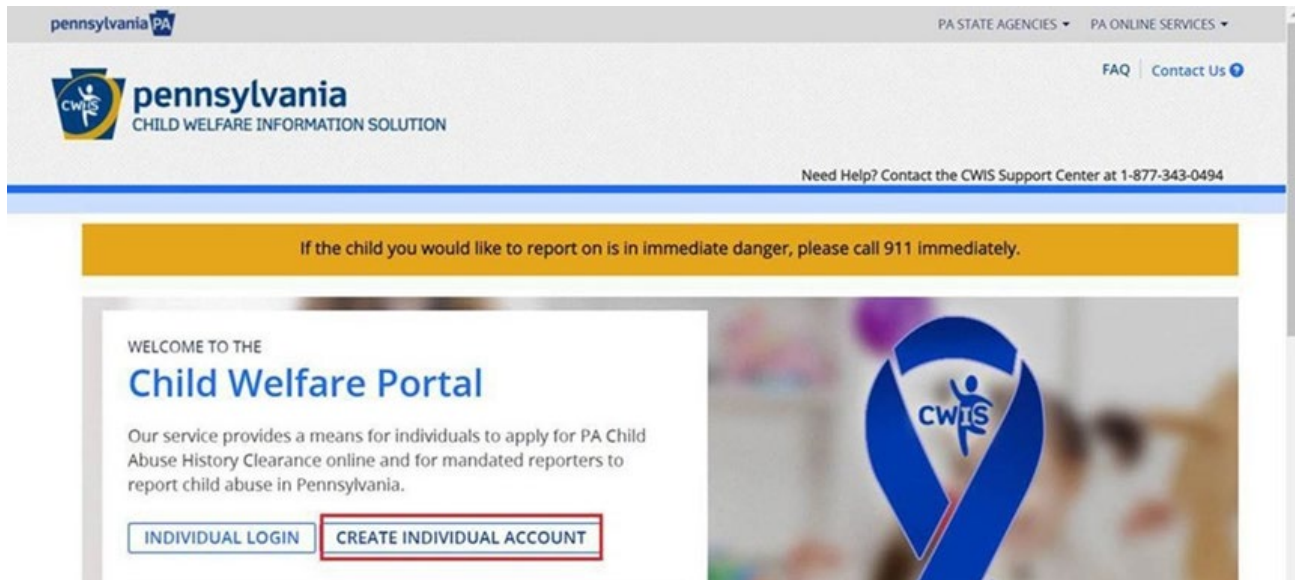
## **How to Submit Clearance to Penn State Health**

## **Child Abuse Clearance Sample**

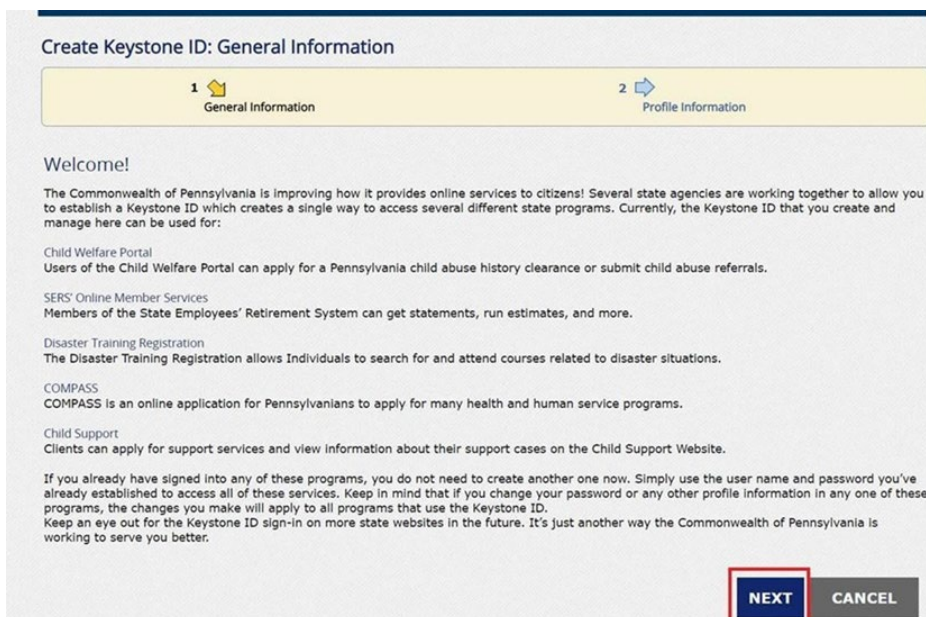
## How to Register

Once you click on the link that directs you to the PA Child Welfare Portal (Compass site) (<https://www.compass.state.pa.us/CWIS>), you will create an account. The steps for this are as follows:

### 1. Click **“CREATE INDIVIDUAL ACCOUNT.”**



### 2. Click **“NEXT”**



[Click here](#) to return to top

### 3. Fill in the blanks and click "FINISH"

To create a new Keystone ID, please provide the following information:

- Keystone ID  (must be 6 to 64 characters)
- First Name
- Last Name
- Date Of Birth  (MM/DD/YYYY)
- E-mail
- Confirm E-mail

To ensure online security, please select and provide answers for security questions. These questions will be used if you forget your password.  
Security Question Tips  
Choose questions for which you will easily recall the answers; do not write down the questions and answers, as this undermines their usefulness as a security tool.  
Avoid using special characters (\$#@!) and punctuation (" ' - .) in your answers.  
You cannot use the same question more than once.  
Answer cannot be any phrase directly from the question.

- Security Question 1
- Answer
- Security Question 2
- Answer
- Security Question 3
- Answer

For security reasons, please answer the following question.

Question	Is rain wet or dry?
• Answer	<input type="text"/>

A temporary password is then emailed to the candidate.

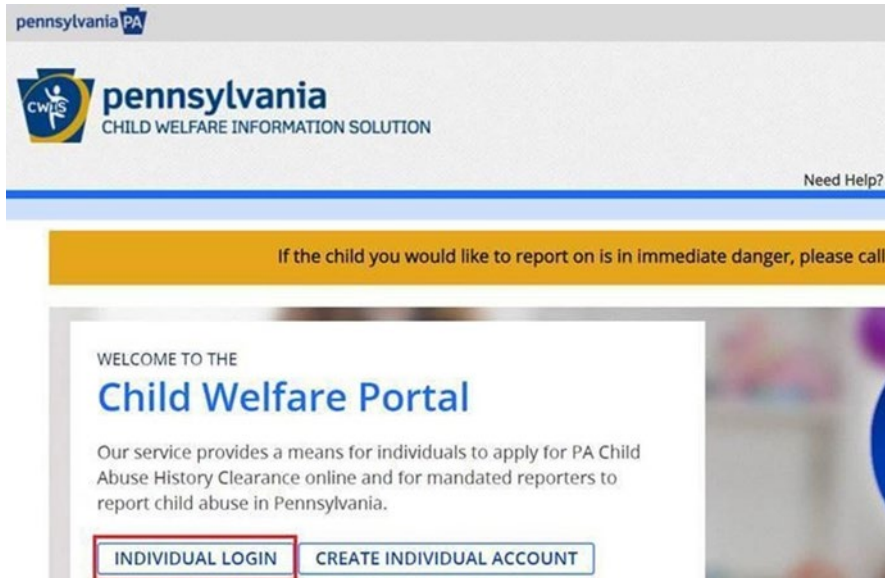


#### Check your e-mail for your temporary password!

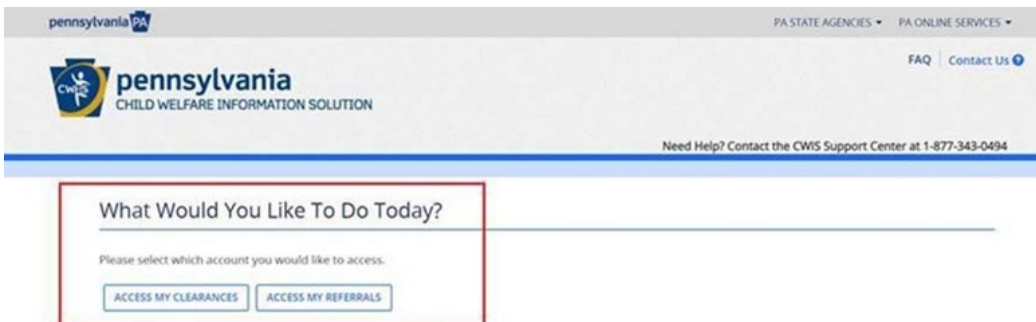
You have successfully created a Keystone ID and a temporary password has been e-mailed to you. For the safety of your personal and financial information, you cannot begin working until you retrieve this temporary password and sign back in to the system. You need to use this temporary password the first time you sign in. When you sign in for the first time, you will be required to create a personal password for future use. Please close this browser window and login to your application.

[Click here](#) to return to top


4. You have just created your account. Next, you will receive 2 emails.
  - a. One will contain your user ID and another will contain your temporary password.
  - b. Go back to the main page of the site, click "**INDIVIDUAL LOGIN**"
  - c. Log in using these credentials



5. Once you log in, click on "**ACCESS MY CLEARANCES**"



6. Read the disclosure, then hit "CONTINUE" at the bottom

 CHILD WELFARE INFORMATION SOLUTION

Need Help? Contact the CWIS Support Center at 1-877-343-0494

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Learn More

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**ABOUT THIS WEBSITE**

This secure website is provided for individuals who want to have their Pennsylvania Child Abuse History Clearance processed online. The Pennsylvania Child Abuse History Clearance Check will provide the applicant information as to whether or not they are listed in the Pennsylvania statewide database as a perpetrator of child abuse.

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**DISCLOSURE OF PERSONAL INFORMATION**

**Public Disclosure**

As a general rule, the Commonwealth does not disclose any personally identifiable information (PII) collected online except where you have given us permission, or where the information is public information under the Pennsylvania Right to Know Act 65 P.S. 66.1 et seq. or other applicable laws. Visitors should be aware that information collected by the Commonwealth on its websites may be subject to examination and inspection, if such information is a public record and not otherwise protected from disclosure.

**Social Security Number Disclosure**

You are consenting to a verification of your Social Security number through the Social Security Administration. Your Social Security number is also being sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide central registers), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

Providing your Social Security number may enable the Department to expedite the review of your request for a clearance certificate. If you do not provide your Social Security number additional levels of identity verification may be required by ChildLine staff, reducing the chance of automatic processing of your request.

However, please note that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.

**WARNING**

You are entering a secure government website for the purpose of requesting a Pennsylvania Child Abuse History Clearance. By entering this site, you certify that you have read and understand the above guidelines and legislation.

**Note**


If your web browser prompts you to accept a security certificate, you must accept it to proceed.

**WARNING!**

US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES. Unauthorized access prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy.

[CONTINUE >](#)

7. You should now be at the login page. Enter your login credentials.




**Keystone Key**


  
  

**LOGIN**


Your attempt to log in has failed. Please try again.

**Self-service for Citizens**

 **Forgot Password**

 **Edit Profile**

**Self-service for Commonwealth Employees**

 **Change CWOPA Password or Hint Questions**

WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES SYSTEM. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this system may subject you to civil or criminal penalties under state or federal law. This statement is being posted by the Department of Human Services Security and Audits Unit.

[Click here](#) to return to top

8. You will next be directed to change your password and redirected to the login screen again to login with the new password.

Once logged in, there's a Terms and Conditions page, click **"NEXT"** at the bottom right.

My Child Welfare Account Terms and Conditions

Thank you for visiting My Child Welfare Account. This site is designed to make it easier and more efficient for Pennsylvania citizens to view information about benefits and services they are receiving through the Department of Human Services.

**Terms and Conditions**

This policy addresses the collection, security, access and use of information that may be obtained through "My Child Welfare Account. This policy covers the following topics:

- Information we Collect
- Access and Disclosure
- Security
- Information disclaimer
- Penalty for Misuse

Information Collected:

We collect the following information:

- Demographic, financial and medical information;
- The name of domain; for example, "xcompany.com" if you use a private Internet access account, or "yourschool.edu", if you are connecting from a university domain;
- An IP address, a number automatically assigned to your computer when you are using the Internet;
- The type of browser and operating system used to access our site;

I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions

I do not accept the My Child Welfare account Terms and Conditions

[RETURN TO CHILD WELFARE PORTAL HOME PAGE](#) [NEXT](#)

9. Review the next disclosure and click **"CONTINUE"**

Learn More

**ABOUT THIS WEBSITE**

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US Government System and Department Of Human Services. Unauthorized access prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy.

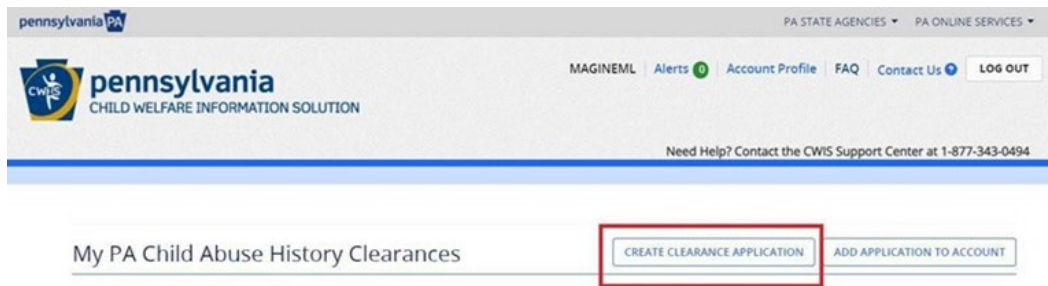
**Note**

If your web browser prompts you to accept a security certificate, you must accept it to proceed.

[CONTINUE](#)

[Click here](#) to return to top

## 10. Click on "CREATE CLEARANCE APPLICATION"



pennsylvania PA STATE AGENCIES PA ONLINE SERVICES

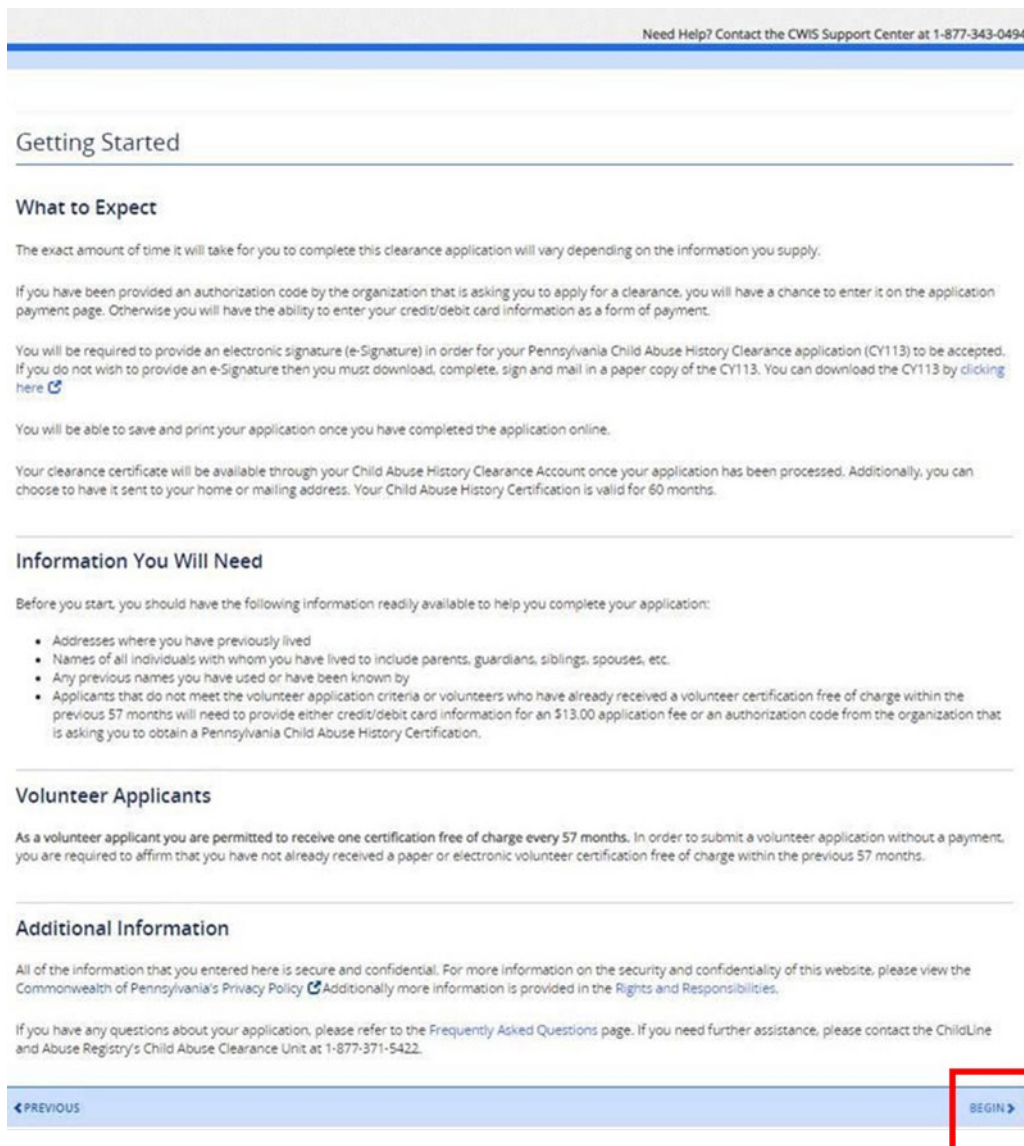
MAGINEML Alerts Account Profile FAQ Contact Us LOG OUT

Need Help? Contact the CWIS Support Center at 1-877-343-0494

My PA Child Abuse History Clearances

CREATE CLEARANCE APPLICATION ADD APPLICATION TO ACCOUNT

## 11. After clicking the above option, you will be redirected to the following page where you will click "BEGIN" in the bottom right corner



Need Help? Contact the CWIS Support Center at 1-877-343-0494

### Getting Started

#### What to Expect

The exact amount of time it will take for you to complete this clearance application will vary depending on the information you supply.

If you have been provided an authorization code by the organization that is asking you to apply for a clearance, you will have a chance to enter it on the application payment page. Otherwise you will have the ability to enter your credit/debit card information as a form of payment.

You will be required to provide an electronic signature (e-Signature) in order for your Pennsylvania Child Abuse History Clearance application (CY113) to be accepted. If you do not wish to provide an e-Signature then you must download, complete, sign and mail in a paper copy of the CY113. You can download the CY113 by clicking [here](#)

You will be able to save and print your application once you have completed the application online.

Your clearance certificate will be available through your Child Abuse History Clearance Account once your application has been processed. Additionally, you can choose to have it sent to your home or mailing address. Your Child Abuse History Certification is valid for 60 months.

#### Information You Will Need

Before you start, you should have the following information readily available to help you complete your application:

- Addresses where you have previously lived
- Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses, etc.
- Any previous names you have used or have been known by
- Applicants that do not meet the volunteer application criteria or volunteers who have already received a volunteer certification free of charge within the previous 57 months will need to provide either credit/debit card information for an \$13.00 application fee or an authorization code from the organization that is asking you to obtain a Pennsylvania Child Abuse History Certification.

#### Volunteer Applicants

As a volunteer applicant you are permitted to receive one certification free of charge every 57 months. In order to submit a volunteer application without a payment, you are required to affirm that you have not already received a paper or electronic volunteer certification free of charge within the previous 57 months.

#### Additional Information

All of the information that you entered here is secure and confidential. For more information on the security and confidentiality of this website, please view the Commonwealth of Pennsylvania's Privacy Policy [Additional](#) more information is provided in the Rights and Responsibilities.

If you have any questions about your application, please refer to the Frequently Asked Questions page. If you need further assistance, please contact the ChildLine and Abuse Registry's Child Abuse Clearance Unit at 1-877-371-5422.

PREVIOUS BEGIN

[Click here](#) to return to top



12. You will now be asked to provide an application purpose.

Select **“Individual 14 years of age or older who is applying for or holding a paid position as an employee with a program, activity or service, as a person responsible for the child’s welfare or having direct contact with children”**

- **Note:** This is the only option that will be accepted for employment at Penn State Health, so please select carefully.

Then, click **“NEXT”** in the bottom right corner.

Back To My Accounts

e-Clearance ID: 000008695523

DELETE APPLICATION SAVE APPLICATION

Part 1

- Application Purpose
- Applicant Information
- Current Address
- Previous Address
- Household Members
- Application Summary

Part 2

- Signature
- Application Payment

### Application Purpose

Please select the reason you are submitting this Pennsylvania Child Abuse History Clearance application. You can select only one reason per application. If you require additional child abuse history clearances for any other reason, you will need to submit another application. You can submit another application at any time from your PA Child Abuse History Clearance Account.

For more detailed definitions and exceptions to clearance requirements please see the Who Needs Child Abuse Clearances at <http://keepkidssafe.pa.gov/clearances/index.htm>

- Volunteer Having Contact with Children: Applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school or a program, activity or service, as a person responsible for the child’s welfare or having direct volunteer contact with children.
- Foster Parent: Applying for purposes of providing foster care.
- Prospective Adoptive Parent: Applying for the purpose of adoption.
- Employee of Child Care Services: Applying for the purposes of child-care services in the following: Child day-care centers; group day-care homes; family child-care homes; boarding homes for children; juvenile detention center services or other programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day-care services or other programs that are offered by a school.
- School Employee Governed by Public School Code: Applying as a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code.
- School Employee Not Governed by Public School Code: Applying as a school employee not governed by Section 111 of the Public School Code.
- Self-employed provider of child-care services in a family child-care home: Applying for the purpose of providing child-care services in one’s home (other than the child’s own home) at any one time to four, five or six children who are not relatives of the caregiver.
- Individual 14 years of age or older who is applying for or holding a paid position as an employee with a program, activity or service, as a person responsible for the child’s welfare or having direct contact with children: Applying as an employee who is responsible for the child’s welfare or having direct contact (providing care, supervision, guidance or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or a public or private organization:
  - A youth camp or program;
  - A recreational camp or program;
  - A sports or athletic program;
  - A community or social outreach program;
  - An enrichment or educational program; and
  - A troop, club or similar organization
- Individual seeking to provide child-care services under contract with a child-care facility or program: Applying for the purpose of being able to provide child-care services as part of a contract or grant funded program.
- Individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year.
- Individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year.
- Individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year.
- Individual 18 years or older, excluding individuals receiving services, who resides in one of the following homes for at least 30 days in a calendar year:
  - Family living home
  - Community home for individuals with an intellectual disability
  - Host home for children
- PA Department of Human Services Employment and Training Program Participant: Applying for the purpose of participating in a PA Department of Human Service Employment and Training Program through a county assistance office (CAO) or the Office of Income Maintenance (OIM).

**NEXT** →

Please select this as your application purpose.



[Click here](#) to return to top

13. Next you will be directed to the Applicant Information Section.

Complete all fields as requested. Click "NEXT" at the bottom of the screen when finished.

The screenshot shows the Pennsylvania Child Welfare Information Solution (CWIS) website. The header includes the Pennsylvania logo, "CHILD WELFARE INFORMATION SOLUTION", and navigation links for "MAGINEML", "Alerts", "FAQ", "Contact Us", and "LOG OUT". A utility bar shows "e-Clearance ID: 000005409335" and buttons for "DELETE APPLICATION" and "SAVE APPLICATION".

**Part 1**

- Application Purpose
- Applicant Information**
- Current Address
- Previous Address
- Household Members
- Application Summary

**Part 2**

- eSignature
- Application Payment

### Applicant Information

Please provide some basic information about yourself and confirm that the email address listed below is the email address where you wish to receive all emails regarding this application.

**First Name** (required)  **Middle Name**  **Last Name** (required)  **Suffix**

**Date of Birth** (required)  **Gender** (required)

You are consenting to a verification of your Social Security number through the Social Security Administration. Your Social Security number is also being sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

Providing your Social Security number may enable the Department to expedite the review of your request for a clearance certificate. If you do not provide your Social Security number additional levels of identity verification may be required by ChildLine staff, reducing the chance of automatic processing of your request.

However, please note that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.

**Would you like to provide a Social Security Number (SSN)?**

Yes  No

SSN

The email address below will be used for all emails regarding the submission and status of your application. If you would like to use a different email address, return to your PA Child Abuse History Clearance Account and click the Account Profile link provided at the top of the screen. This application will be available for you to continue from your account after your email has been updated. Click here to return to your PA Child Abuse History Clearance Account to update your email address.

**Email Address**

**Do you have any previous names or nicknames that you have used in the past or that you may be known by?** (required)

Yes  No

### Contact Information

[+](#) ADD CONTACT NUMBER

	Phone Type	Phone Number	Extension

[< PREVIOUS](#) [NEXT >](#)

[Click here](#) to return to top

14. Complete Current Address section. Click "NEXT" at the bottom of the screen when finished.

Need Help? Contact the CWIS Support Center at 1-877-343-0494

Back To My Account      e-Clearance ID: 000005409335      DELETE APPLICATION      SAVE APPLICATION

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**Part 1**

- Application Purpose
- Applicant Information
- Current Address**
- Previous Address
- Household Members
- Application Summary

**Part 2**

- eSignature
- Application Payment

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### Current Address

Please enter your home and mailing address information on this page, and indicate your preferred certificate delivery method below.

Please keep a copy of this e-Clearance ID for future reference.

---

#### Home Address

Country required

United States

Address Line 1 required      Address Line 2

310 Morris St      Eg., Apartment 101

City required      State required      Zip Code required      County

Joliet      Illinois      60436      --Select--

---

#### Mailing Address

All notices and correspondences will be sent to you at the mailing address entered here.

**Attention**

We can only send notices and correspondences (including your clearance certificate) to your residential address or your personal P.O. Box.

Is your mailing address the same as your home address? required ?

Yes     No

---

#### Certificate Delivery Method

Your clearance certificate will be available from your PA Child Abuse History Clearance Account. You have the ability to save and print your electronic certificate and use it as valid proof of clearance.

**Note**

The certificate will only be mailed to you if you select Yes below.

Would you also like to have a paper version of the certificate sent to your home or mailing address? required

Yes     No

**Important**

You will continue to receive application updates and your certificate online, regardless of your answer.

[Click here](#) to return to top

15. You will be directed next to the Previous Address section. Complete as requested.

Click "**NEXT**" at the bottom of the screen when finished.

Back To My Account

Part 1

- Application Purpose
- Applicant Information
- Current Address
- Previous Address**
- Household Members
- Application Summary

Part 2

- eSignature
- Application Payment

e-Clearance ID: 000005409335

DELETE APPLICATION SAVE APPLICATION

### Previous Addresses

Please enter everywhere you have lived since 1975. If you cannot remember exact addresses, please enter as much information as you can.

+ ADD PREVIOUS ADDRESS

	Country	Street Address	City	State	Zip Code	County
<input type="radio"/>	United States	1010 Lilac Lane	Joliet	Illinois	60435	

EDIT DELETE

◀ PREVIOUS **NEXT ▶**

16. The next section to complete is Household Members. Click "**NEXT**" at the bottom of the screen when finished.

Back To My Account

Part 1

- Application Purpose
- Applicant Information
- Current Address
- Previous Address
- Household Members**
- Application Summary

Part 2

- eSignature
- Application Payment

e-Clearance ID: 000005409335

DELETE APPLICATION SAVE APPLICATION

### Household Members

Please tell us about everyone with whom you have ever lived since 1975 or anyone with whom you are currently living. This includes, but is not limited to, your parents, guardians, spouses and/or siblings.

+ ADD HOUSEHOLD MEMBER

	Full Name	Relationship To Applicant	Current Age	Gender
<input type="radio"/>				

EDIT DELETE

◀ PREVIOUS **NEXT ▶**

[Click here](#) to return to top

17. Next section is the Application Summary. Complete as requested.

Click "**NEXT**" at the bottom of the screen when finished.

Back To My Account

e-Clearance ID: 00005409335 DELETE APPLICATION SAVE APPLICATION

Part 1

- Application Purpose
- Applicant Information
- Current Address
- Previous Address
- Household Members
- Application Summary**

Part 2

- eSignature
- Application Payment

### Application Summary

Below is a summary of the information you have entered so far. Please check your information for accuracy. If your information is not correct or needs to be updated, please click the edit button in the heading of the section that you would like to update and modify it as necessary.

COLLAPSE ALL

#### Application Purpose

EDIT [-]

Application Purpose: Individual 14 years of age or older who is Applying for or Holding a Paid Position as an Employee with a Program, Activity or Service, as a Person Responsible for the Child's Welfare or having Direct Contact with Children

#### Applicant Information

EDIT [-]

Basic Information

Name	Monique Maginel
Date of Birth	08/08/1988
Gender	Female

Email Address: monique.justice@fadv.com

Previous Names/Nicknames

Previous Name 1	Monique Justice
-----------------	-----------------

#### Current Address

EDIT [-]

Home Address

Address	310 Morris St Joliet Illinois 60436 United States
---------	---------------------------------------------------------------

Certificate Delivery Method

Notification Preference	Electronic
-------------------------	------------

#### Previous Address

EDIT [-]

Previous Address 1	1010 Lilac Lane Joliet Illinois 60435 United States
--------------------	-----------------------------------------------------------------

#### Household Members

EDIT [-]

Parent

Name	Marley Maginel
Current Age	12
Gender	Female

PREVIOUS NEXT

[Click here](#) to return to top

18. The next section is the e-Signature page. Complete as requested.

Click "**NEXT**" at the bottom of the screen when finished.

Back To My Account

e-Clearance ID: 000005409335

DELETE APPLICATION SAVE APPLICATION

Part 1

- Application Purpose
- Applicant Information
- Current Address
- Previous Address
- Household Members
- Application Summary

Part 2

- eSignature**
- Application Payment

### eSignature

You are almost finished! To complete your application please eSign below by checking the acknowledgement and entering your **first and last name** as it appears on the Application Information screen.

I hereby certify that the information entered on this report is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). (required)

Signature (required)

Monique Maginel

PREVIOUS NEXT

19. The final section is the Application Payment section.

Select "**NO**" for the question "Did an organization provide a code for your application?"

Then select "**MAKE A PAYMENT**" at the bottom right.

e-Clearance ID: 000008690020

DELETE APPLICATION SAVE APPLICATION

### Application Payment

Did an organization provide a code for your application? (required)

Yes  No

To submit a payment for your application, please click the 'Make A Payment' button at the bottom of this page.

If your application times out during your payment submission, it will be saved to your PA Child Abuse History Clearance Account where you may quickly retrieve and submit it.

When you select the 'Make a Payment' button, you will be navigated to a **secured external site** to submit your payment. Once your payment is received, your application will be submitted and you will be directed to the Submission Confirmation page.

PREVIOUS MAKE A PAYMENT


[Click here](#) to return to top

## 20. Enter your credit card payment information for \$13.00, and select "Pay With Your Credit Card"

You are allowed two attempts to make an electronic payment. After two failed electronic payment attempts, you will be required to submit a paper application.

Name on Credit/Debit Card


Credit/Debit Card Number



Credit/Debit Card Expiration Month and Year (MMYY)


Credit/Debit Verification Code

CVV2 is the Visa term for the 3-digit security code on the back of the credit card (Visa and MasterCard). For American Express, it is 4-digits and located on the front.



Credit/Debit Card Billing Street Address

Credit/Debit Card Billing Zip Code

Verification  
 I'm not a robot   
reCAPTCHA  
Privacy - Terms

## Payment Information

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You will be required to pay the \$13.00 fee up front by credit card. After you submit the clearance to Penn State Health, you may request reimbursement via Employee Expense Management (XM) – **you will need to attach your receipt/proof of payment to be reimbursed.**

You will receive instructions on how to submit for this reimbursement in their first week of employment. Please do not send receipts to HR Clearances – only send the clearance documents.

## Results

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You will receive an email when your results are ready in the state website. You will need to log in to access your results. Please check junk mail folders for this email confirmation.

**You must retrieve the clearance from the website where you applied at by logging back in at <https://www.compass.state.pa.us/cwis/public/home>.** You may log in even if you didn't receive the email.

## How to Submit Clearance to Penn State Health

Penn State Health does not receive any clearance documents from the state directly – the individual will need to provide the clearance documents to PSH.

**Please send your clearance by email to your Preboarding Coordinator as a PDF or JPEG file when requested.** If you have any questions regarding how to submit your clearance, please contact the HR Solution Center at 717-531-8440.

## Child Abuse Clearance Sample



### PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Name  
Address

CERTIFICATION ID:

CERTIFICATION PURPOSE: EMPLOYMENT

VERIFICATION DATE: 2/3/2023

SOCIAL SECURITY #:

DATE OF BIRTH:

The above named person has applied for a Pennsylvania Child Abuse History Certification pursuant to 23 Pa. C.S., Chapter 63 related to the Child Protective Services Law. NO RECORDS EXIST in the Pennsylvania Department of Human Services' Statewide database listing \_\_\_\_\_ as a perpetrator of an Indicated or Founded report of child abuse.

Applicants are required to show the Administrator the results of their Child Abuse History Certification. Administrators are required to keep a copy of this Child Abuse History Certification on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

ISSUED BY Commonwealth of Pennsylvania  
Department of Human Services  
CHILDLINE AND ABUSE REGISTRY  
ChildLine Verification Unit  
P.O. Box 8170  
Harrisburg, PA 17105-8170  
1-877-371-5422

**ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT**