



Student Teaching and Intern Placement Information

No placement shall begin if the proper paperwork and requirements are not completed and met.

1. Complete an online short form for Student Teaching and Internship. The form can be found on our website, or by clicking on the direct link here: [Student Teaching and Internship](#)
 - i. On the application, **do not complete item no. 5, "position desired"**
2. DCF authorization release form
3. NCPA/VCA Waiver and Consent Form for Nonemployees and Volunteers
4. Confirmation of enrollment in a teacher preparation program from institution of higher education or other, which provided the program that was approved by the [State Department of Education](#) (i.e., program enrollment letter if applicable).
5. Fingerprint Procedures: **BEFORE BEING FINGERPRINTED YOU MUST:**
 - Complete the Privacy Rights Forms for Local School Districts-Nonemployees and Volunteers
*** this form will be sent to you electronically once you complete item no. 1 above.
 - PRE-ENROLL ON THE FOLLOWING STATE WEBSITE: <https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll>
 - You will be asked to provide a Service Code, email [Kate Arey](mailto:KateArey@coventryct.org) for the appropriate code.
 - Follow the instructions on the website.

There is an enrollment fee that must be paid online by debit/credit card. This fee covers the cost of a fingerprint based Criminal History check by the State and FBI.

You will be assigned a Tracking Number at the end of your Pre-Enrollment. An email will be sent to you with a [Tracking Number and Bar Code](#). **You must print off the email and bring it with you to your fingerprinting session.**

You may obtain your fingerprints from any CT local police department, or the Department of Public Safety. Contact the police department prior to going for their procedures.

If you have any questions or concerns, please contact:

Kate J. Arey
Coventry Public Schools
1700 Main Street
Coventry, CT 06238
Office: 860.742.7317 x1108
Fax: 860.742.4598
Email: KArey@coventryct.org
[CPS Human Resources](#)

Updated 6/2022

Coventry Public Schools *Business Office*1700 Main Street, Coventry, CT 06238
(860) 742-7317 Ext 1108 (860) 742-4598 FAX <mailto:karey@coventryct.org>
www.coventrypublicschools.org



Connecticut Department of Children and Families
AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)

DCF-3031
 7/2022 (Rev.)



I, **(Applicant Name):** _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability for (check one):
 Employment Day Care Volunteer Intern Mentor Other

I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.

Name of Agency (requesting background check)		Attention:		
Address: (No. and Street):		City:	State:	Zip:

I submit the following information to assist the Department of Children and Families in their search.

Applicant Last Name:	Applicant First Name:	Middle:	DOB:
Applicant Address: (No. and Street):	Apt. #	City:	State:
			Start date at current address: (dd/mm/yyyy)

List all previous applicant addresses for the last five years Check if an additional sheet is necessary, and attached

Address (No. and Street):	Apt. #	City:	State:	Zip:	Dates From: (dd/mm/yyyy)	To (dd/mm/yyyy)

Other names I have used (including preferred names, maiden, and previous marriages) Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle Name:

Names of ALL children - biological/step (Including adult children in or out of the home) Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

This authorization will expire 180 days after the date of the signature

Applicant Signature:	Date:

Submit at <https://portal.dcf.ct.gov/Portal/Main/#dashboard>. To enroll your agency in the portal, please contact bgc.verification@ct.gov.

For questions or support, please contact the Background Check Unit at bgc.verification@ct.gov.

NCPA/VCA Waiver and Consent Form for Nonemployees and Volunteers

This form must be completed and signed by every current or prospective applicant for a position that cares for children, the elderly, or disabled pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA). It must be completed before fingerprints are sent to the Connecticut State Police (CSP) and the Federal Bureau of Investigation (FBI).

I understand the following: 1.) My fingerprints will be used to check the criminal history records of the CSP and FBI; 2.) I can receive my state criminal history record from the CSP and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30- 16.34; 3.) I can challenge the accuracy and completeness of any information contained in such criminal history records; 4.) The qualified entity may choose to deny me unsupervised access to children, the elderly, or the disabled under its care until my criminal history record check is completed; 5.) I may obtain a prompt determination as to the validity of my record challenge before a final decision is made.

I hereby authorize the qualified entity to submit a set of my fingerprints to the CSP and FBI under the NCPA/VCA. The qualified entity will receive and review my state and national fingerprint-based criminal history records to determine if I am fit to care for children, the elderly or disabled.

By signing this form, it is my intent to authorize the dissemination of my state and national fingerprint-based criminal history record to the qualified entity. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

ENTITY INFORMATION-The entity receiving the information.			
(Name)		TELEPHONE NO.	
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
APPLICANT INFORMATION-The person being fingerprinted.			
NAME (Last)	(First)	DATE OF BIRTH (Month, Day, Year)	
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
POSITION (Current or Prospective)-			
All applicants must have supervised or unsupervised access to children, the elderly, or individuals with			
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Employee	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Contractor	<input type="checkbox"/> Vendor		
Paid Student Teacher		Unpaid Student Teacher	
Other _____			
CRIMINAL HISTORY			
I have been convicted of or pled guilty to a crime. <input type="checkbox"/> No <input type="checkbox"/> Yes*			
* If yes is selected, provide the details and description of the crime/conviction below.			
SIGNATURE		DATE	

This document must be retained by the Qualified Entity.



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Criminal Justice Business Applications Unit**



Student teachers who are enrolled in a program that **does not** have a certification endorsement code (U, G, or N) in the designated institution box are **not required** to be fingerprinted and **do not** qualify for the \$75.00 state fee waiver. Schools can fingerprint student teachers in unapproved programs (at their discretion), but state law does not require the background check and the student teacher will pay the state fee.

Examples

Institution	Program	Endorsement Code	Fingerprint	Fee
Albertus Magnus College	Elementary, Grades 1-6	None	Not Required	State & Federal
Albertus Magnus College	Art, Grades, PK -12	U	Required	Federal Only
Albertus Magnus College	School Counselor	None	Not Required	State & Federal
Relay CT	English, Grades 7-12	N	Required	Federal Only

Student Teacher Classification

Schools must classify student teachers as paid or unpaid. Unpaid student teachers do not receive any direct payment. Schools that pay stipends directly to a college, university, or program must classify their student teachers as unpaid. Paid student teachers receive direct payment for their student teaching experience.

Fees

SDE-Approved Program

Unpaid Student Teacher \$11.25
Paid Student Teacher \$13.25

Unapproved Programs

Unpaid Student Teacher \$11.25 plus \$75.00
Paid Student Teacher \$13.25 plus \$75.00

Fingerprinting Costs

Fingerprints taken at a state police location will cost \$15.00 per fingerprint card. All other locations, such as a regional educational service center, police department, independent fingerprinting company, or school personnel can charge their own fingerprinting fees.

Privacy Rights Forms

Student teachers must complete a waiver and consent form, in addition to, the FBI Privacy Act Statement and Noncriminal Justice Applicant’s Privacy Rights forms. Local and regional school districts and state technical high schools must use the National Child Protection Act/Volunteer for Children Act (NCPA/VCA) Waiver and Consent form. All other schools must use the Volunteer and Employee Criminal History System (VECHS) Waiver and Consent form. Schools must retain all three forms for auditing purposes. Do not send these forms to the state police with the fingerprint card.