



Dear Employee,

The State of Alaska, Department of Human Health and Social Services, Office of Children's Services, will complete a Child Abuse/Neglect (CA/N) Central Registry Clearance check, for purposes of making employment decisions to any organization working directly with children.

Please open link and complete the form:

<https://dfcs.alaska.gov/ocs/Documents/FosterCare/06-9437-Clearance%20Form.pdf>

- Please PRINT or TYPE, no cursive handwriting
- Use only BLUE or BLACK ink
- PRINT your Last, First and Middle Name
- List any Alias, Maiden or Prior Married Name(s), put N/A or None if this does not apply
- List your SSN, Sex, DOB, Place of Birth City, State and Country
- List your Driver License Number, State of Issuance and Phone Numbers
- List your current physical address and mailing address
- List previous addresses for the last 10 years, use additional paper if necessary
- Answer questions by checking Yes or No in the appropriate box
- Sign and Date the form

Bring this form, along with all completed documents, to your Employment Processing appointment with PWCS. This form will be submitted to the Alaska Department of Human Health and Social Services on your behalf.

If you have any questions on this matter, please contact us directly at (703)791-8958/8382.

Sincerely,

Compliance Specialist
Human Resources Department