

**VERIFICATION OF ACCEPTABLE CRIMINAL RECORD CHECKS**

**COVERING CURRENT AND FUTURE EMPLOYEES AND SUBCONTRACTORS**

OF

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(Name of ITP Provider Organization / Agency)

As legal representative of the above-named ITP Provider organization, I submit and attest that an acceptable criminal record check has been conducted on all current employees / subcontractors and representatives of my agency at the point of their employment, or prior to the provision of any direct early intervention services. I further certify that all future employees and representatives will be required to submit to a criminal records investigation by my organization and that no employee / subcontractor will be allowed to provide early intervention services to children in the North Carolina Infant-Toddler Program until acceptable results are received and approved by my agency.

In addition, I agree to report any criminal violations [felony or misdemeanor] that occur subsequent to the initial investigation during this Agreement period.

I will sign this Verification annually; however, I will continue to conduct criminal record checks on all newly hired employees / subcontractors prior to the provision of any direct early intervention services.

If it is determined that criminal record checks have not been conducted on all employees / subcontractors of my agency, I understand this could result in suspension or termination of the provider agreement.

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Signature of Authorized Representative

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Date of Signature