



REGENT
UNIVERSITY®
SCHOOL OF EDUCATION

Requirements for Licensure Students

The School of Education (SOE) has three requirements for students in licensure programs. These are an FBI background check with fingerprinting, a TB screening report with a negative result, and proof of professional liability insurance coverage.

1. FBI Criminal Background Check with Fingerprinting

- a. Instructions for requesting an FBI report are available at <http://www.fbi.gov/about-us/cjis/background-checks/submitted-an-identification-record-request-to-the-fbi>. To avoid having your application returned and having to then resubmit, please read and follow the instructions very carefully.
- b. The School of Education requires that you have the FBI return the report directly to Regent University, Attn: Internship Coordinator. You do this by completing the "Mail Results to Address" section as shown in the attached "Applicant Information Form," which is page 2 of this document. After I receive the report from the FBI, I will return a copy to you for your records.
- c. It takes 8-12 weeks for the FBI to process the request after it is received, so please get fingerprinted and start the process as soon as possible.

2. TB Screening

The School of Education requires a report from a medical provider that indicates a negative result. There is no particular form to complete; however, the report should include the medical provider's name and address, your name, the date of the screening, and confirmation of a negative result.

3. Professional Liability Insurance

You'll find attached the instructions for securing professional liability insurance. The easiest and cheapest way to secure this coverage is by joining a professional education association as a student member. Professional liability insurance is provided free as a benefit of student membership. The association provides official confirmation from the insurance company that includes your name, coverage limits, and coverage dates including expiration date. When you receive this letter, please forward it to me.

Please maintain copies of all your documents as our office is not able to provide copies of each student's documents upon request.

Please feel free to contact me with questions. I look forward to working with you on your field placements.

Kerry Baggaley
Internship Coordinator
Regent University School of Education
1000 Regent University Drive, ADM 254
Virginia Beach, VA 23464
Ph. 757.352.4663
Fax 757.352.4147
kerrbag@regent.edu

APPLICANT INFORMATION FORM

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information* Denotes Required Fields

*Last Name

*First Name

Middle Name 1

Middle Name 2

*Date of Birth

Last Four Digits of Social Security Number

Applicant Home Address

*Address

*City

*State

*Postal (Zip) Code

*Country

Phone Number

E-Mail

U.S. Citizen or Legal Permanent Resident

Yes

No

Country of Citizenship:

Country of Residence:

Mail Results to Address

C/O

ATTN

Address

City

State

Postal (Zip) Code

Country

Phone Number (if different from above)

Payment Enclosed (please check appropriate box)

CASHIER'S CHECK

MONEY ORDER

CREDIT CARD FORM

Number of Copies

X \$18 per Copy = Total Payment of \$

Enclosed

Reason for Request

***APPLICANT SIGNATURE**

DATE

You may request a copy of your own identification record to review it or obtain a change, correction, or an update to the record.

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS _____

ARMED FORCES NO. MNU

REF. _____

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

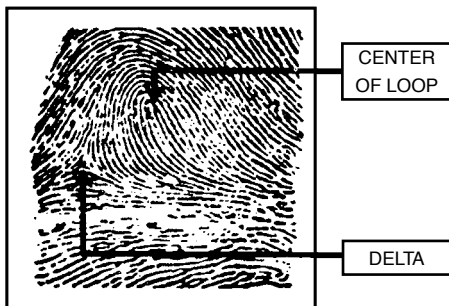
R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306**

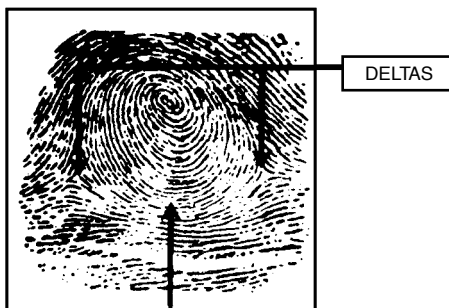
APPLICANT

1. LOOP



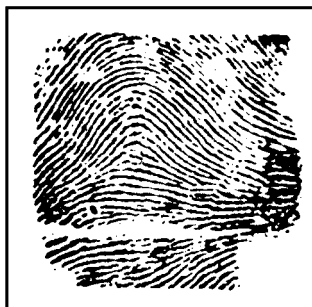
THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.

Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- * The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

* criminal fingerprint cards also require an arrest charge and date of arrest.

* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure the 'Reply Desired' field is checked when applicable (criminal only).

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at cliaison@leo.gov.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

INSTRUCTIONS:

- * 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.

** MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO.

(AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

Professional Liability Insurance Coverage

The Regent University School of Education (SOE) requires that students enrolled in any license-granting program acquire professional liability insurance prior to registration for field placements (practicums) in schools. This insurance is a safeguard for you and must be maintained throughout the duration of your program placement. This policy should name the student as insured and Regent University as additional insured.

The required minimum amount of \$100,000 incidental coverage with \$300,000 aggregate is needed for annual liability coverage (\$100,000/\$300,000). Rates for this coverage vary depending on the insurance company. Generally, premiums range from \$20-\$50 per year of coverage. Though membership in a professional organization is highly encouraged by the School of Education, it is not required. Total cost for insurance and a professional membership normally will be about \$20-\$120 per year. Students must show evidence of insurance liability coverage prior to starting practicum work; without it, he or she will not be permitted to begin. A certificate of insurance must be provided to the SOE's Coordinator of Licensure Programs before the semester's registration takes place.

The School of Education students have recommends the following providers:

1. **Christian Educators Association International (CEAI)**

P.O. Box 41300, Pasadena, CA 91114

(888) 798-1124; Fax (626) 798-2346

Website: www.ceai.org

For an annual student fee of \$35.00, members of CEAI will automatically be insured up to \$100,000 for legal actions filed against you arising out of your educational duties (in the United States only, no overseas coverage).

2. **Student Virginia Education Association (SVEA)**

Students interested in joining the SVEA should contact the local chapter advisor (ODU) or an officer for a membership form, or call (800) 552-9554 for further information.

<http://www.veanea.org/student-vea/index.html>

Students receive, as a benefit of student membership, a \$1 million dollar liability policy during internship.