



## SENIOR COUNSELOR CERTIFICATION OF TRANSFERRED VALID, EXISTING CLEARANCES

Senior counselor name: \_\_\_\_\_

I swear, certify and affirm that I have provided valid, existing clearances required by Pennsylvania law.

I further swear, certify and affirm that I have not been disqualified from employment or service under the requirements of 23 P.S. §6344(c) or convicted of an offense identical or similar in nature to a crime listed below:

- Criminal homicide
- Aggravated assault
- Stalking
- Kidnapping
- Unlawful restraint
- Rape
- Statutory sexual assault
- Involuntary deviate sexual intercourse
- Sexual assault
- Aggravated indecent assault
- Indecent assault
- Indecent exposure
- Incest
- Concealing death of a child
- Endangering welfare of children
- Dealing in infant children
- Felony offense relating to prostitution and related offenses
- Offense relating to obscene and other sexual materials and performances
- Offense relating to corruption of minors
- Sexual abuse of children
- Offense relating to attempt, solicitation or conspiracy to commit any of the offenses in this certification
- Felony offense relating to The Controlled Substance, Drug, Device and Cosmetic Act.

under the laws or former laws of the United States or one of its territories or possessions, Pennsylvania, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of Pennsylvania.

\_\_\_\_\_  
Senior counselor signature

Date: