



EDUCATION PERSONNEL SCREENING VERIFICATION FORM

Archdiocese of Miami Office of Catholic Schools

To meet the requirements of State Scholarship Compliance, private schools must complete the following three screenings for candidates to principal and education personnel job positions, prior to hiring. Complete this form and submit to the Certification Coordinator when requesting a first-year Employment Letter. A copy must also be placed in the employee's personnel file with the supporting documentation.

Candidate's Name: _____ Candidate's FLDOE #: _____

BEC-PASS Screening Documentation

- https://www.floridaschoolchoice.org/login/login_private_school.asp
 - After logging in using your School Choice credentials, click on "BEC-PASS Access" on the left side-menu and then click "Continue" to enter the Educator Certification website
 - Enter the teacher's information to do search and click "Lookup"
 - Once you find the teacher, click on "Show Details"
 - Print the following screen containing BEC Employment Screening correspondence, current processing alerts, certificate(s), and application(s) details
 - Add it to the employee's file and attach it to this document.

Professional Practices/Misconduct Search Documentation

- <http://www.myfloridateacher.com/discipline/summary.aspx>
 - Type in teacher's last name only, keeping "Any District" selected, and click "Search"
 - Print the search results (even if blank)
 - Add it to the employee's file, attach it to this document, and complete the information below

PPS was checked on (date) _____

No Records Found.

EPC Case No. _____ Order Type _____

Final Order _____ Order Date _____

Disqualification List Search Documentation

- <https://portal.fldoesso.org/>
 - Click "Educators" and then select "SSO Hosted Users" on the following page
 - After signing in, click on "Disqualification List"
 - Click "Search Records" on the Main Menu
 - Complete the applicable search fields and then click "Search"
 - Print the search results (even if blank)
 - Add it to the employee's file and attach it to this document

Signature of Person Completing the Form: _____

Printed Name of Person Completing the Form: _____ Date: _____