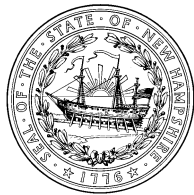


# SAMPLE FORM for Dartmouth Sponsored Programs



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*LEGAL AND REGULATORY SERVICES*  
*CHILD CARE LICENSING UNIT*

129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-9025 1-800-852-3345 Ext. 9025  
Fax: 603-271-4782 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

**Background Check Certifications – Youth Skills Camps - Certification for Calendar Year:** \_\_\_\_\_

**RSA/Rule:** RSA 170-E:55, II, He-C 4004.04 & He-C 4004.05

**Complete Legal Name of YSC:** \_\_\_\_\_

Other name(s) used (if none, enter "none"): \_\_\_\_\_

Web or social media network site address (if available): \_\_\_\_\_

**YSC Location(s) in NH:** \_\_\_\_\_  
Municipality(s)

**YSC Operator:** or "Program Director"

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

Daytime Telephone Number (with area code): \_\_\_\_\_

E-mail address (if available): \_\_\_\_\_

**If the YSC Operator is other than an individual, provide the following information for the individual who has been authorized to represent the organization:**

Name: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

Daytime Telephone Number (with area code): \_\_\_\_\_

E-mail (if available): \_\_\_\_\_

**YSC Owner (if the same as YSC Operator, enter "same"):**

Name: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

Daytime Telephone Number (with area code): \_\_\_\_\_ e-mail \_\_\_\_\_

**Sessions (attach details of sessions to include anticipated number or sessions, dates and the skill being taught. sheets if needed):**

Session 1: June 20-24, Brain Surgery Basics  
Session 2: July 19-23, Brain Surgery Intermediate  
Session 3: August 1-5, Brain Surgery Advanced

**DO NOT SEND COPIES OF BACKGROUND CHECKS TO DHHS**

**\*Attach your programs background check policy**



**CERTIFICATION AND SIGNATURE:**

**I HEREBY CERTIFY** that:

- I am the YSC operator for the YSC identified herein, or have been duly authorized by the YSC operator to sign this certification;
- A background check policy that meets the requirements of RSA 170-E:55, II, He-C 4004.04 & He-C 4004.05 is in place.
- Background checks for all individuals who might be left alone with children have been conducted and reviewed prior to working with any child or children, as required by RSA 170-E:55, II, He-C 4004.04 & He-C 4004.05;
- Background checks will be conducted and reviewed for all new camp staff brought on after the date of this certification prior to the individual being left alone with any child or children, as required by RSA 170-E:55, II, He-C 4004.04 & He-C 4004.05;
- No individual who might be left alone with any child or children has a criminal conviction for the following offenses: causing or threatening direct physical injury to any individual or causing or threatening harm of any nature to any child or children;
- The information provided on this certification form and in all attachments is true, complete and not misleading to the best of my knowledge and belief; and
- I understand that I am subject to the penalties specified in New Hampshire law for making unsworn false statements if the information is false, incomplete or misleading.

**By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(signature)



**Name:** \_\_\_\_\_

(print legibly or type)

**Title:** \_\_\_\_\_

**Send this completed certification with a \$25 check or money order made payable to:  
"Treasurer- State of NH"**

**Mail to:**  
Youth Skill Camp Program  
DHHS- Child Care Licensing Unit  
129 Pleasant Street  
Concord, NH 03301

**FOR DHHS USE ONLY**

Fee Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Fee not required if YSC operator is a political subdivision