

**Adaptive Solutions Multi Services**  
**992 Gates Avenue, 3<sup>rd</sup> fl Brooklyn NY 11221**  
**Tel 718-483-9553 Fax# 718-483-9554**

**STAFF DOCUMENTATION REQUIREMENTS**

**CHECKLIST**

Staff Name:

Position:

Date:

RESUME

CURRENT CPR AND FIRST AID CERTIFICATES

CURRENT CHILD ABUSE CERTIFICATES  
(Every 2 years)

CURRENT UPDATED SCR CLEARANCE LETTERS  
(Every 2 years)

DOI- FINGERPRINT CLEARANCE LETTER

DOE- FINGERPRINT CLEARANCE

LICENSE/CERTIFICATE

SAS	Special Education (Birth – 2)			Regular (Birth – 2)		
	Initial	Professional	Permanent	Init	Prof	Perm

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OT	PT	SP	CO	PSY
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OFFICIAL TRANSCRIPT

HIGH SCHOOL DIPLOMA

3 CURRENT LETTERS OF RECOMMENDATIONS

MEDICAL FORM COMPLETED BY A DOCTOR

ASSISTANT TEACHER'S TRAINING CERTIFICATES

PREVENTING INFECTIOUS DISEASE TRAINING CERTIFICATES