CPS School Counseling & Postsecondary Advising School Counselor Practicum/Internship Packet

The CPS requires prospective school counseling interns to complete the online application and this security clearance packet to be granted acceptance into program and approval of final practicum/internship placement(s) during the 2015-2016 school year.

Please Read Carefully! –ONLINE APPLICATION AND PACKETS DUE BY JANUARY 19, 2015

THE FOLLOWING 5-TASKS MUST BE COMPLETED FOR ACCEPTANCE AND PLACEMENT:

- **CPS School Counselor Practicum/Internship Placement Application**: Complete an online application, which requires uploading your current resume. Access the online application at www.chooseyourfuture.org/support-staff/school-counselor-practicum-internship-program. This is in addition to submittal of a completed hard copy of this Security Clearance Packet.

- **Confidentiality Agreement and Acknowledgement Form**: Review, sign and date these forms. Please keep a copy for your records.

- **Certification of Freedom from Tuberculosis**: Your physician must complete the CPS form or in lieu of the form, please provide documentation indicating negative TB test results, dating no more than 90 days prior to submission deadline of this packet. Please note: A chest x-ray is only required if your skin test results are positive. Please keep a copy for your records.

- **CPS Fingerprint Instructions & Fingerprint Applicant Forms**: Please read the fingerprint instructions page very carefully and follow the directions to ensure your fingerprints are completed accurately. Please provide a copy of your Accurate Biometrics printing receipt or recent background results with your completed packet per the fingerprint instructions within this packet.

- **Proof of Insurance**: All interns must maintain professional liability insurance while participating in the CPS School Counselor Practicum/Internship Program. If your university provides insurance coverage for interns, please submit an official letter from the university stating this. If your university doesn’t provide insurance coverage for interns, you must either obtain private insurance or you may join ASCA (American School Counselor Association). ASCA student members receive professional liability coverage. If you have obtained your own insurance coverage or are an ASCA student member, please provide proof of that information to CPS as part of your packet. For specific insurance requirements, please see Section O of the Acknowledgement Form in this packet.

ATTENTION!! Current CPS (non-Charter) Employees- You do not need to complete the TB and Fingerprint portions, as these items are already on file with CPS. Please complete and submit all other sections.

SUBMISSION: Online Applications and Clearance Packets are due by JANUARY 19, 2015.

Mail COMPLETED Security Clearance Packets to address below:

Chicago Public Schools, Talent Office  
ATTN: Student Teachers/School Counselor Interns  
42 W. Madison Avenue – Garden Floor  
Chicago, Illinois 60602

For more information, contact School Counseling & Postsecondary Advising at: counselorintern@cps.edu
Confidentiality Agreement and Acknowledgement of the Talent Office Policy with Respect to Confidential Information

I, ______________________________, acknowledge that, as a counseling intern in the Chicago Public Schools system, I have been granted access to, or may learn of, confidential information relating to other employees, consultants, independent contractors, students, and/or classified projects during the course of my practicum/internship. Such information may come to me through various sources, including, but not limited to, electronic media, interoffice communications, internal publications, and/or verbal interactions. Such information may include, but is not limited to, names, addresses, telephone numbers, financial information, student grades, social security numbers, medical information, etc.

I further acknowledge that, as a condition of my placement, I shall not make known, provide access to, or otherwise disclose such confidential information to any persons or entities that do not have a legal entitlement to such information. I also acknowledge that I may not access confidential information to which I have been granted access in the course of my CPS practicum/internship for any reason not related to the performance of my duties as a counseling intern of the Chicago Public Schools.

I understand that, in addition to violating the Policy of the Talent Office with Respect to Confidential Information, disclosure of confidential information to others who do not have a legal entitlement to that information may violate the Family Educational Rights and Privacy Act of 1974 (FERPA), the Illinois Student Records Act, and/or the Illinois Access to Personnel Records Act.

Finally, I understand that my failure to comply with the terms or conditions of this agreement shall subject me to immediate removal from my practicum/internship placement in accordance with school counseling practicum/internship program university agreement.

By signing this document, I expressly acknowledge that I have read and fully understand the rules and requirements set forth above and the Talent Office Policy with respect to Confidential Information as it applies to CPS counseling interns.

________________________________________
Print Name

________________________________________
Signature

________________________________________
University

________________________________________
Date
CERTIFICATION OF FREEDOM FROM TUBERCULOSIS
Form must be completed by a medical professional — Results must be within 90 days of presentation to CPS.
CPS will accept legible results on medical professional’s form in lieu of ours.

This is to certify that ___________________________ (Full Name) of ___________________________ (Address) is free of tuberculosis based on the following:

1. TUBERCULIN TEST given on

   ___________________________ at ___________________________ (Date) at ___________________________ (Name of Facility)

   ___________________________ (Address of Facility) RESULTS OF TEST:

   Negative _____________

   Positive _____________

2. CHEST X-RAY (Only if Positive Results Above) taken on:

   ___________________________ at ___________________________ (Date) at ___________________________ (Name of Facility)

   ___________________________ (Address of Facility) Film Number: _____________

   Negative _____________

   Positive _____________

   ___________________________ (Signature of Radiologist)

Practitioner Name (Print) ____________________________________________

Practitioner Address ________________________________________________

Practitioner Signature _____________________________________________

Date Test Read _____________________________________________________
SCHOOL COUNSELOR PRACTICUM/INTERNSHIP PROGRAM ACKNOWLEDGEMENT FORM

In consideration for my being considered as a Student Counselor Practicum/Internship Candidate by the Chicago Public Schools ("CPS"), I hereby agree as follows:

A. I acknowledge that I must provide my own transportation to and from the Board of Education of the City of Chicago ("the Board" or "CPS") and/or my assigned school.

B. I understand that I must carry personal identification and wear any Board-supplied identification at all times when I am on CPS property.

C. I will take all reasonable steps to maintain health insurance coverage during my participation in the practicum/internship program and will comply with all health, TB testing, and immunization requirements of the Board.

D. I will adhere to my assigned schedule and, as directed by my School Site Supervisor, I will give my assigned CPS School and my university timely notice if I will be absent or if I require a schedule change.

E. I will attend and participate in administrative meetings and professional development opportunities as directed by the CPS School Counseling & Postsecondary Advising Liaison Director his/her designee. It is understood that I may be excused from attending any CPS meetings/professional development activities that conflict with mandatory university activities.

F. I will maintain confidentiality with respect to Board employees, subcontractors, CPS students, the Board's business operations, and/or trade secrets; and will comply with any and all State and Federal laws, and Board Policies and Rules that relate to Participating Counseling Intern activities and conduct under the Program. In particular, but not by way of limitation, I will not violate, or act or fail to act so as to cause another Party to violate the following as applicable: the State of Illinois Discrimination Laws (775 ILCS 5/1-101 et seq.) and the Drug Free Workplace Act (30 ILCS 580/1 et seq.). I will take all measures necessary to ensure the confidentiality of any and all information in my possession regarding CPS Students and the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as set forth in Title 45, Parts 160 and 164 of the Code of Federal Regulations (the "CFR").

In addition, I acknowledge that certain information concerning CPS students, whether pre-existing or created by the Board, by me, or by others, is confidential by reason of University or Board policy, the Family and Educational Rights and Privacy Act of 1974 (20 U.S. c. 1232g), hereinafter, "FERPA"), otherwise known as the Buckley Amendment, the Illinois Student Records Act. I shall protect these records in accordance with FERPA, the Illinois Student Records Act and University or Board policy, and the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as set forth in Title 45, Parts 160 and 164 of the Code of Federal Regulations (the "CFR"), as applicable.

G. I will not transport any CPS student by car or otherwise, under any circumstances.

H. I agree to submit to a fingerprint based, criminal history records check as described in the School Counselor Practicum/Internship Packet, in accordance with the Illinois School Code [105 ILCS 5/34-18.5], the Sex Offender and Child Murderer Community Notification Law (SORNA), 730 ILCS 152/101, et seq; the Child Murderer Violent Offender Against Youth Registration Act, 730 ILCS 154/1, et seq. (Source: P.A. 94-945, eff. 6-27-06) (last updated March 4, 2010); and the Adam Walsh Child Protection and Safety Act of 2006, all as amended from time to time. Such complete records check ("Records Check") consists of the following:

- Fingerprint-based checks criminal history records check,
- Check of the National Sex Offender Registry through the FBI,
• Check of the Illinois Sex Offender Registry (IL-SOR) through the Illinois State Police (ISP), and
• Check of the Illinois Violent Offender Against Youth Registry (see below).

I represent and warrant that I have never been convicted of any of the criminal or drug offenses enumerated in subsection (c) of § 105 ILCS 5/34-18.5 as from time to time amended, or any offenses enumerated under the Sex Offender and Child Murderer Community Notification Law, or the Child Murderer Violent Offender Against Youth Notification Law; and I have not been convicted within the past seven (7) years of any other felony under the laws of Illinois or of any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in the State of Illinois, would have been punishable as a felony under the laws of Illinois.

I agree to submit to the above procedure regarding background investigations and to fully cooperate and provide the CPS and its agents with all necessary information in order for the CPS and its agents to perform all such above checks. I agree that I will be required to pay the Record Check fee as specified in the Application and Security Clearance Packet.

In the event that any of this Background Check is conducted by an entity other than the CPS, I hereby consent to have such other entity transmit the results of such Background Investigation to the CPS. In the event that the CPS conducts the Background Investigation, I hereby consent to have the CPS transmit the results of such Background Investigation to my University.

I. I will adhere to all of the requirements of my University's Advising and Counseling Practicum/Internship Program.

J. I will following the administrative policies, standards, and practices of the Board and the CPS practicum/internship site, including but not limited to the Student Teacher and Pre-Service Teacher Enrollment Policy (06-0426-P01), dated April 26, 2006, as amended from time to time. All Board policies are located at http://policy.cps.k12.il.us.

K. I understand that the Board may use any of the following in making the decision whether to give me a Placement or not: i) the availability of Placements; ii) Background Investigation results; iii) TB Test (or X-ray) results; and if I am applying for a Placement for Winter 2014 or thereafter, iv) the Board's evaluation of my Application.

L. I understand that the Board shall have the right to immediately remove me from the premises of a school and shall have the right to refuse to allow me to enter onto Board property in the future for any of the following reasons:

   i) I willfully act in such a way that endangers or may endanger the safety and/or the emotional or physical welfare of a CPS student or employee or visitor;

   ii) I am criminally convicted of a drug offense or any other crime that would prevent my certification as a teacher in the state of Illinois or the state where my University is located;

   iii) I intentionally damage the Board's property;

   iv) I engage in illegal drug use;

   v) I violate the rules and policies of the Board and its schools.

M. I understand that my Student Counselor Practicum/internship Placement may be terminated by the Board, after notice to and consultation with the University Liaison, for any of the reasons specified in Paragraphs L (i - vi) above and for any of the following reasons:
i) It is determined that my health status will prevent me from materially satisfying my practicum/internship requirements;

ii) I fail to comply with the provisions of HIPAA or the Illinois Student Records Act or FERPA; or

iii) I fail to cure any material breach of the terms and conditions described in this Counseling Intern Acknowledgement Form within five (5) business days of receiving a written notice of my breach from the Board. I understand that these cure provisions do not apply to any violations by me of my obligations regarding HIPAA, the Illinois Student Records Act, or FERPA, for which there is no opportunity to cure.

N. I understand that if I wish to conduct any research activities involving CPS students or CPS staff, or if I wish to publish any research materials based on my Placement/or my interactions with CPS students or staff, in addition to obtaining any and all University pre-approvals for a research project, I must comply with the following:

i) I must give my CPS School Site Supervisor, for his/her approval, (a) a written description of the proposed research; (b) a written description of how I plan to protect and maintain the privacy of students and participants in the study; and (c) samples of the notices and consents that I plan to use for obtaining written consent from the parents of student research participants who are under the age of 18 and the consent of research participants who are 18 years of age or older. I understand that this consent shall not be unreasonably withheld.

ii) After my School Site Supervisor has approved my proposed research project and my notice and consent documents in writing, I understand that I must comply with the CPS Research Study and Data Policy (10-0728-PO9) adopted on July 28, 2010, as may be amended from time to time.

iii) I understand that I may not begin any research activities or obtain data for research purposes without the prior written consent of my Site Supervisor and the prior written consent of the Chief Officer of the Office of Talent or his/her designee.

iv) I understand that when the research study is completed, I must timely provide a copy of the final research results and any articles that are published within one (1) year of the conclusion of my practicum/internship experience to the CPS School Counseling and Postsecondary Advising Liaison Director upon request. I further understand and agree that the Board shall have the right to use the information in my research report and my research findings for educational programming or services, planning, solicitation of grants, staff development, and any other non-commercial purposes to improve instruction or services to students of the Chicago Public Schools.

v) I understand that I may not, under any circumstances, identify any CPS student or Board employee or subcontractor by name in a case study or in any published research unless I have obtained prior written consent from each of the subjects or their parents or guardians, as applicable, in accordance with the provisions of this Section N.

I agree that no Board member, employee, agent, officer or official shall be personally charged by myself with any liability or expense under this agreement or be held personally liable under this agreement to me. To the extent permitted by law, I understand that the Board is not responsible for any personal injury that I may suffer while providing student teaching services to the Chicago Public Schools. I also understand that the Board is not responsible for any property of mine that is lost, stolen or damaged on the school's premises.

O. **If the University does not cover me under the University’s insurance or self-insurance plan, I will procure and maintain a personal student professional liability insurance policy of at least One Million Dollars ($1,000,000.00) per occurrence or claim covering the acts of such student intern while participating in the CPS Student Counselor Practicum/Internship Program at the Chicago Public Schools. In the event that the required insurance coverage is not provided or is canceled, the Board shall have the right to terminate my School Counselor Practicum/Internship placement.**

P. This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without regard to any conflict of law or choice of law principles. No delay or omission by the Board to exercise any right hereunder shall be construed as a waiver of any such right and the Board reserves the right to exercise any such right from time to time as often and as may be deemed expedient.
PRIOR TO SIGNING, PLEASE BE SURE YOU HAVE READ ALL SECTIONS OF THIS FORM IN THEIR ENTIRETY. PLEASE BE SURE YOU HAVE THOROUGHLY READ SECTION O WHICH COVERS SPECIFIC DETAILS REGARDING REQUIRED PROFESSIONAL LIABILITY INSURANCE COVERAGE.

Date: ______________
Print Name: ________________________________
Signature: ________________________________
Email Address: ________________________________

Your signature indicates that you have read and agree to the terms and conditions of this School Counselor Practicum/Internship Acknowledgement Form.
Attention CPS School Counselor Practicum/Internship Applicants:

Effective April 20, 2010, the Chicago Public Schools requires all applicants undergo a fingerprint-based background check using the Talent Office Fingerprinting Background Authorization & Release Form.

Fingerprints are taken Monday through Friday at any Accurate Biometrics location. For a list of locations and business hours, please visit [www.accuratebiometrics.com](http://www.accuratebiometrics.com) or call 866-361-9944.

You will need to present the form - Talent Office Fingerprinting Background Investigation Authorization & Release Form with a current state photo identification card. There will be a $58 charge which is paid by either by Cash, Company Check, Money order, Cashier's Check, or MasterCard/Visa.

RESULTS: Accurate Biometrics sends fingerprint results directly to the CPS. Please include a copy of your Accurate Biometrics receipt with your application packet for tracking purposes.

WHAT IF I HAVE ALREADY BEEN FINGERPRINTED?
The CPS can accept copies of fingerprint results completed through your university or another entity. If you select this option, you must obtain copies of results and include them in your registration packet. The CPS requires both Illinois State Police (ISP) and FBI results. Results cannot exceed 90 days prior to application open date.

SPECIAL INSTRUCTIONS FOR OUT-OF-STATE CANDIDATES ONLY:
All out-of-state candidates (“physically out-of-state”) are advised to take the following steps to ensure that their fingerprints are submitted properly:

- Go to your local Police Station and request an FBI Fingerprint Card-Form 258. The Police Station will take your fingerprints and affix them to the card.
- Take the Fingerprint Card (Form 258), a money order in the amount of $50 dollars (please make the money order out to “Accurate Biometrics”) along with the Talent Office Fingerprinting Background Investigation Authorization & Release Form in this packet and mail these 3 items to the following address:

  Accurate Biometrics  
  4849 N. Milwaukee, Suite 101  
  Chicago, IL 60630  
  ATTN: CPS Student Teacher/School Counseling Intern
This form gives the Chicago Public Schools (CPS) authorization to conduct a criminal background investigation. All candidates must have a valid, unexpired government issued or school issued photo ID at the time of fingerprinting.

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<thead>
<tr>
<th>□ Vendor (list company name)</th>
<th>□ Teacher _______________</th>
<th>□ Local School Council (Pre-Student Teaching)</th>
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<tr>
<td>□ Substitute Teacher/ESP</td>
<td>□ Charter School</td>
<td>□ Student Teaching</td>
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<td>□ Miscellaneous Employee</td>
<td>□ Volunteer</td>
<td>□ Clinical Intern</td>
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<tr>
<td>□ Educational Support Personnel</td>
<td>□ Program (if any):</td>
<td>☒ Counseling Intern</td>
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<td>ILL13998S</td>
<td>ILL13690S</td>
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Last Name: ___________________________________________ First Name: ___________________________ Middle Initial: __________

Address: __________________________________________

Number Street City State Zip

Date of Birth: ____________ Sex: □ Male □ Female Race: ____________

Height: ____________ Ft. In. Weight: ____________ lbs Eye Color: ____________ Hair Color: ____________

Social Security Number: ____________ - ____________ - ____________ Birth Place: _______________________________________

School/Department: __________________________ Special Program or Company Name: ____________

(REQUIRED CRIMINAL RECORDS DISCLOSURE: The existence of a criminal record does not automatically disqualify you for employment consideration, unless it is a conviction for an enumerated crime. Please see the back of this form for a listing of enumerated crimes.) However, it is important that the Board know your complete criminal history to properly evaluate your application. **You must disclose it in full.** Failure to disclose each conviction may result in disqualification of your application or termination of employment.

Convictions include all felony or misdemeanor convictions, whether by plea of guilty, nolo contendere or no contest or after bench or jury trial. Convictions that result in sentences of probation, conditional discharge or imprisonment must be reported. Convictions of driving while intoxicated or under the influence (DUI), and driving on a revoked or suspended license must be reported. But, convictions that resulted in sentences of supervision in Illinois or traffic offenses other than DUI or driving on a revoked or suspended license should not be reported (i.e. speeding tickets, running a red light or stop sign, driving without insurance, etc.). Finally, you are not obligated to disclose sealed or expunged records of conviction or arrest.

**Have you ever been convicted of any type of crime?** □ Yes □ No

If yes, describe each conviction below (attach separate sheets if necessary):

<table>
<thead>
<tr>
<th>Date</th>
<th>State</th>
<th>Conviction</th>
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I, the undersigned,

1. acknowledge and verify that all information provided above is true and accurate and that I am the person named above.
2. supply this information to authorize and enable the CPS to perform a background investigation, which may include, but not limited to, a Criminal Conviction Information check and fingerprinting.
3. understand and agree that the information obtained through the background investigation will be used to determine whether employment by the CPS will be offered or continued or whether volunteer or compensated service will be approved.

Signature __________________________________________ Date __________________________

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<tr>
<th>Fingerprinting Provider Use Only</th>
<th>Talent Office Use Only</th>
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<tr>
<td>Date Printed: __________________</td>
<td>Date Printed: _________</td>
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<tr>
<td>Verified By: __________________</td>
<td>Date Results Returned:</td>
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<tr>
<td>TCN # __________________________</td>
<td>Fingerprints Clear:</td>
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<tr>
<td></td>
<td>□ Yes □ No</td>
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<td>Verified By: __________</td>
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Enumerated Offenses in Illinois School Code, 105 ILCS 5/34-18.5 referencing 105 ILCS 5/21-23a

(1) Any offense defined in Sections 11-6 inclusive (720 ILCS 5/11-6 = indecent solicitation of a child);

(2) Any offense defined in Section 11-9, inclusive (720 ILCS 5/11-9 = public indecency, sexual misconduct, etc.);

(3) Any offense defined in Sections 11-14 through 11-21, inclusive (720 ILCS 5/11-14 = prostitution; 11-15 = solicitation for a prostitute; 11-16 = pandering; 11-17 = keeping a place of prostitution; 11-18 = patronizing a prostitute; 11-19 = pimping; 11-20 = obscenity; 11-20.1 = child pornography; 11-21 = harmful material (prurient interests);

(4) Any offense defined in Sections 11-23 (if punished as a Class 3 felony) (720 ILCS 5/11-23 = Posting of identifying or graphic information on a pornographic Internet site or possessing graphic information with pornographic material);

(5) Any offense defined in Section 11-24 (720 ILCS 5/11-24 = child photography by a sex offender);

(6) Any offense defined in Section 11-25 (720 ILCS 5/11-25 = grooming);

(7) Any offense defined in Section 11-26 (720 ILCS 5/11-26 = traveling to meet a minor);

(8) Any offense defined in Section 12-4.9 (720 ILCS 5/12-4.9 = Drug induced infliction of aggravated battery to a child athlete);

(9) Any offense defined in Section 12-13 (720 ILCS 5/12-13 = criminal sexual assault);

(10) Any offense defined in Section 12-14 (720 ILCS 5/12-14 = aggravated criminal sexual assault);

(11) Any offense defined in 12-14.1 (720 ILCS 5/12-14.1 = predatory criminal sexual assault of a child);

(12) Any offense defined in 12-15 (720 ILCS 5/12-15 = criminal sexual abuse);

(13) Any offense defined in 12-16 (720 ILCS 5/12-16 = aggravated criminal sexual abuse);

(14) Any offense defined in 12-32 (720 ILCS 5/12-32 = ritual mutilation);

(15) Any offense defined in 12-33 (720 ILCS 5/12-33 = ritualized abuse of a child);

(16) Any offense defined in the Cannabis Control Act, except those defined in Sections 4(a), 4(b) and 5(a) of that Act (720 ILCS 550/1 et seq., except those defined in 720 ILCS 550/4(a) and (b), and 720 ILCS 550/5(a) (see attached)). Individuals placed on 1410 probation pursuant to this Act that do not successfully complete probation are not eligible for this exception;

(17) Any offense defined in the Illinois Controlled Substances Act (720 ILCS 570/100 et seq.). Individuals placed on 1410 probation pursuant to this Act that do not successfully complete probation are not eligible for this exception;

(18) Any offense defined in the Methamphetamine Control and Community Protection Act (720 ILCS 646/1 et seq.). Individuals placed on probation under the provision of Section 70 of that Act, provided that if the terms and conditions of probation required by the court are not fulfilled, the offense is not eligible for this exception;

(19) Perpetrator of sexual or physical abuse of any minor under 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987 (705 ILCS 405/2-1, et seq.);

(20) First degree murder;

(21) Attempted first degree murder;

(22) Conspiracy to commit first degree murder;

(23) Attempted conspiracy to commit first degree murder;

(24) Class X felony;

(25) Any attempt to commit any of the foregoing offenses; and

Any offense committed or attempted in any other state or against the laws of the United States which, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses.
CPS SCHOOL COUNSELOR PRACTICUM/INTERNSHIP PROGRAM CHECKLIST

Please utilize the checklist below to ensure you have a completed packet ready for submission. The CPS School Counselor Practicum/Internship Program does not accept piece mail or incomplete packets.

Online Application and Security Clearance Packet Checklist

- Completed Online Application (with resume upload).

Submitted Hard Copy of Security Clearance Packet, Including:

- Signed Confidentiality Agreement.
- Signed School Counselor Practicum/Internship Acknowledgement Form.
- TB Test Results – Chest X-Ray if needed (results within 90 days of submission deadline).
- Proof of Insurance (letter from university or copy of insurance for practicum/internship – see Section O of Acknowledgement Form for details).
- Background Check (Submit copy of Accurate Biometrics receipt for tracking purposes OR copies of previous FBI and Illinois State Police fingerprint results within 90 days).

PLEASE RETAIN A COPY OF THE ENTIRE SECURITY CLEARANCE PACKET FOR YOUR RECORDS.

REMINDER: Current CPS Employees do not have to complete the TB and fingerprint portions of the packet.

Mail COMPLETED Security Clearance Packets to the following address for processing:

Chicago Public Schools, Talent Office
ATTN: Student Teachers/School Counselor Interns
42 West Madison Avenue
Chicago, Illinois 60602

NO FAXES OR PIECE MAIL ACCEPTED

*The CPS recommends utilizing a mailing method in which you are able to track your package. For more information, contact the Office of School Counseling & Postsecondary Advising via e-mail at: counselorintern@cps.edu

Thank you for your interest in the CPS School Counselor Practicum/Internship Program!