

LAUREL HIGHLANDS SCHOOL DISTRICT
CRITERIA FOR INTERVIEW PROCEDURE

All candidates for Substitute positions will be interviewed by at least two (2) Administrators prior to being submitted to the Board for approval. The Administration will select one or two afternoons per month prior to the Board Meeting to hold interviews. If candidates cannot make it to the interview, they will not be recommended to the Board for approval.

Teaching Candidates must have submitted the following before being interviewed:

- a. *Standard State Application, completed in full.*
- b. *All Transcripts*
- c. *Resume*
- d. *Act 34 Clearance – Request for Criminal Record Check*
- e. *Act 151 Clearance – Pennsylvania Child Abuse*
- f. *Federal Criminal History Record (fingerprints) for persons hired after April 1, 2007*
- g. *Teaching Certificate(s)*
- h. *Proof of passing any appropriate National teacher Exams*
- i. *QPA form*
- j. *Physical Exam*
- k. *TB Tine Test or Chest X-Ray result*

Custodial, Maintenance, Cafeteria, Security, Secretary, Teacher Aide, and Health Room Aide Candidates must have submitted the following before being interviewed:

- a. *L.H. Application, completed in full.*
- b. *Act 34 Clearance – Request for Criminal Record Check*
- c. *Act 151 Clearance – Pennsylvania Child Abuse History Clearance*
- d. *Federal Criminal History Record (fingerprints) for persons hired after April 1, 2007*

**Candidates that are interviewed and recommended for the Substitute List must provide the district with the following before they can work as a substitute:*

A. CAFETERIA

1. *Physical Exam*
2. *TB Tine Test or Chest X-Ray*

B. CUSTODIAN

1. *Physical Exam*
2. *TB Tine Test or Chest X-Ray*

C. MAINTENANCE

1. *Physical Exam*
2. *TB Tine Test or Chest X-Ray*

D. SECURITY

1. *Physical Exam*
2. *TB Tine Test or Chest X-Ray*

E. SECRETARY

1. *Physical Exam*
2. *TB Tine Test or Chest X-Ray*

F. TEACHER AIDES

1. *Physical Exam*
2. *TB Tine Test or Chest X-Ray*
3. *Three (3) Letters of Reference*
4. *Must demonstrate Highly Qualified Status*
 - a. *Pass local assessment/or*
 - b. *Complete 2 years of College/or*
 - c. *Obtain Associate's Degree or higher*

G. HEALTH ROOM AIDES

1. *Physical Exam*
2. *TB Tine Test or Chest X-Ray*
3. *Copy of License*

****PLEASE NOTE:** *The cost of the Physical exam, blood serology test, TB Tine test or chest X-Rays are the responsibility of the applicant.*

You can apply for more than one position by indicating specific positions in which you are interested on the top line of the application; however, if you are interested in a Security Position, you may not apply for any other support position.

You may file for the Act 34 (Request for Criminal Record Check) Clearance at <https://epatch.state.pa.us/home.jsp>.

If you choose to submit your Act 34 and Act 151 Clearance forms via the postal service, be advised that this process may take 6-8 weeks or longer. You may want to consider having the staff of your local State Senator or Legislator carry your clearance applications directly to Harrisburg. This will expedite processing.

In regard to the Federal Criminal History Record (if hired after April 1, 2007), please check with the Administration Office to obtain information about the location of the mobile site you are to use, the fee to be paid, and the process for submitting your digital fingerprints to the FBI.

**LAUREL HIGHLANDS SCHOOL DISTRICT
APPLICATION FOR SUPPORT PERSONNEL**
(PLEASE PRINT OR TYPE REQUESTED INFORMATION)

The applicant should exercise the greatest care in preparing this application. Information given herein is the nature of representation and if incorrect on a material fact, will constitute sufficient cause for cancellation of the contract in case of election. Applicant must answer all questions.

DATE: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

NAME _____ SSN: _____

PRESENT ADDRESS _____ TELEPHONE: _____

TOWNSHIP _____

HAVE YOU HAD EXPERIENCE IN THIS TYPE OF WORK? YES _____ NO _____

LIST THE SKILLS AND COMPETENCIES YOU HAVE THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING:

EDUCATIONAL BACKGROUND:

	SCHOOL OR INSTITUTION AND LOCATION	DIPLOMAS, DEGREES OR CREDITS EARNED	DID YOU GRADUATE YES/NO IF NO – LIST HIGHEST GRADE COMPLETED	MAJOR/MINOR (COLLEGE OR GRADUATE SCHOOL)
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
BUSINESS OR TRADE SCHOOL				
OTHER TRAINING				

(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET(S) OR RESUME.)

CERTIFICATES:

PLEASE ATTACH COPIES OF ALL CERTIFICATES OR DIPLOMAS EARNED THAT WOULD SUPPORT YOUR COMPETENCE

TYPE OF DIPLOMA OR CERTIFICATE	SCHOOL NAME & ADDRESS	YEAR EARNED

EXPERIENCE:

(MOST RECENT FIRST)

<u>DATES EMPLOYED:</u>		<u>EMPLOYER:</u>	<u>TITLE:</u>
FROM:	TO:	NAME, ADDRESS & PHONE NUMBER	
			POSITION HELD: _____ REASON FOR LEAVING: _____
			POSITION HELD: _____ REASON FOR LEAVING: _____
			POSITION HELD: _____ REASON FOR LEAVING: _____

REFERENCES:

PLEASE LIST THREE REFERENCES THAT CAN ATTEST TO YOUR COMPETENCY FOR THE POSITION FOR WHICH YOU ARE APPLYING.

<u>NAME</u>	<u>POSITION</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>

PLEASE NOTE: (ACT 34 AND ACT 151 CLEARANCES MUST ACCOMPANY THIS APPLICATION.)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____ IF YES, PLEASE EXPLAIN IN DETAIL.

CURRENT HEALTH STATUS:

PLEASE LIST ANY LIMITATIONS OR PROBLEMS:

PLEASE WRITE A PARAGRAPH DETAILING WHY YOU SHOULD BE THE SUCCESSFUL CANDIDATE FOR THE POSITION YOU ARE APPLYING FOR:

***APPLICANTS HIRED WOULD ONLY BECOME AN EMPLOYEE UPON THE SUCCESSFUL COMPLETION OF A PHYSICAL BY OUR SCHOOL PHYSICIAN AND ANY OTHER HEALTH REQUIREMENTS OF THE SPECIFIC JOB.**

**APPLICATION MAY BE MAILED TO: LAUREL HIGHLANDS SCHOOL DISTRICT
304 BAILEY AVENUE
UNIONTOWN, PA 15401
ATTN: PERSONNEL DEPT.**

**PHONE: (724) 437-2821
FAX: (724) 437-8929**

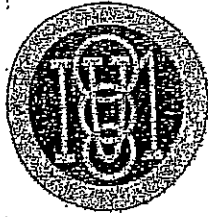
I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE.

(SIGNATURE)

(DATE)

PLEASE BE SURE TO SIGN AND DATE YOUR APPLICATION.

****DATE APPROVED BY BOARD OF EDUCATION _____**



Intermediate Unit 1

Federal (FBI) Criminal History Report

PDE FBI Clearance Process

- Applicants must register prior to going to a fingerprint site. Registration can be completed either on the phone or online.
 1. The website to register is www.pa.cogentid.com and is available 24 hours a day, seven days per week.
 2. Telephone registration is available at 1-888-439-2486, Monday through Friday, 8 am to 6 pm EST.
 3. All applicants receive a confirmation number.
 4. The fee for the FBI clearance is \$40 and can be made online with a credit card or by bringing a Money Order/Cashiers Check payable to Cogent Systems to the fingerprinting site. NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED.

Intermediate Unit 1 has agreed to be a site for fingerprinting applicants. Following is information regarding the IU1 Fingerprinting Process:

- In order to be fingerprinted, all applicants must have:
 - o a confirmation number,
 - o a valid photo ID, and if applicable,
 - o a Money Order or Cashier's Check payable to Cogent Systems
- Fingerprints will be taken at the IU1 Central Office Building, One Intermediate Unit Drive, in Coal Center.
- The IU1 Fingerprinting Center will be located on the first floor, in the IMS Department.
- Hours of operation are 9 am to Noon and 12:30 pm to 2 pm, Monday through Friday.
- Fingerprints will be scanned electronically, sent to the PA State Police, submitted by the State Police to the FBI. The FBI will send results to PDE.
- Results of the Federal Criminal History Report will be forwarded to the applicant by PDE.
- If you have a large group to be fingerprinted, please call 724-938-3241 x241 and arrange for a mobile unit.

Other Southwestern PA Locations for Fingerprinting

Allegheny Intermediate Unit 3
Intermediate Unit 27
Intermediate Unit 28

University of Pittsburgh

UPS Store Monroeville
UPS Store Gibsonia
UPS Store Greensburg

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER

AGE DATE OF BIRTH DAYTIME PHONE NO.

SEX COUNTY YOU LIVE IN

M F

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED "Request for Criminal Record" (Form SP4-184) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258). | <input type="checkbox"/> CWEP (Community Work Experience Program Participant) |
| <input type="checkbox"/> FOSTER CARE | | |
| <input type="checkbox"/> ADOPTION | | |
| <input type="checkbox"/> SCHOOL | | |

SIGNATURE OF CAO REP

CAO PHONE NO

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1. _____
2. _____
3. _____
4. _____

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II

RESULTS OF HISTORY CHECK

- | | |
|--|--|
| <input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE. | <input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW). |
|--|--|

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE

SECTION III**VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES**

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

VERIFIER_____
DATE_____
VERIFIER'S SUPERVISOR_____
DATE

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE

<https://epatch.state.pa.us>

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 Local Number 717-425-5546 1-888-QUERYPA (1-888-783-7972)
DO NOT SEND CASH OR PERSONAL CHECK
CHECK ONE BLOCK
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
 <<<<<<CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST>>>>>>

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

- | | | |
|---|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC) | <input type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT |
| <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> FOSTER CARE | <input type="checkbox"/> PRIVATE INVESTIGATIONS |
| <input type="checkbox"/> BANKING | <input type="checkbox"/> HEALTHCARE | <input type="checkbox"/> SOCIAL SERVICES |
| <input type="checkbox"/> BAR ASSOCIATION | <input type="checkbox"/> HOUSING | <input type="checkbox"/> TENANT CHECK |
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> INSURANCE LICENSE | <input type="checkbox"/> VISA |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> NURSE AID TRAINING | <input type="checkbox"/> VOLUNTEER |
| <input type="checkbox"/> ELDER CARE | <input type="checkbox"/> OTHER _____ | |
| <input type="checkbox"/> EMERGENCY MANAGEMENT | | |

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

PRE-PLACEMENT PHYSICAL EXAMINATION
(To be completed by Physician)

NAME: (PLEASE PRINT) _____

GENERAL APPEARANCE	PERSONAL HYGIENE	WEIGHT	HEIGHT
PULSE RATE	BLOOD PRESSURE	SKIN	
EYES: VISION: (WITHOUT GLASSES) LEFT _____ RIGHT _____ CONTACT LENSES _____			
(WITH GLASSES) LEFT _____ RIGHT _____ COLOR VISION _____			
EARS:		HEARING:	
NOSE	THROAT	MOUTH	
TEETH	NECK	THORAX	
BREASTS	HEART	LUNGS	
ABDOMEN			
HERNIA	LEFT	RIGHT	
RECTUM	PILOIDAL DISEASE	UPPER EXTREMITIES	
HANDS	LOWER EXTREMITIES	FEET	
BACK	NEUROLOGIC ABNORMALITY	EMOTIONAL DISORDER	

LABORATORY TESTS REQUIRED: BLOOD SEROLOGY TEST: _____ DATE _____ (Needed for those applying for Cafeteria Position Only)
URINALYSIS _____ HEMOGLOBIN _____ LUMBAR SPINE X-RAY (IF INDICATED) _____

IMMUNIZATIONS RECOMMENDED: (MAY BE COMPLETED AFTER STARTING WORK) TETANUS (WITHIN 8 YRS.) - DATE _____

TUBERCULIN HISTORY - RESULT OF MOST RECENT T.B. TINE TEST OR CHEST X-RAY, IF KNOWN: NEG. POS. YEAR _____

PHYSICIAN'S DIAGNOSIS: _____

PHYSICIAN'S RECOMMENDATIONS TO THE PROSPECTIVE EMPLOYER: MEDICALLY ACCEPTABLE FOR ANY TYPE OF WORK

LIMITATIONS OR RESTRICTIONS ADVISABLE, AS FOLLOWS:

GROUND LEVEL WORK ONLY AVOID SKIN IRRITANTS AVOID EXCESSIVE STOOPING, BENDING, AND CROUCHING

NO HAZARDOUS MACHINERY AVOID DUST AND FUMES AVOID EXCESSIVE STANDING OR WALKING

NO COMPANY VEHICLES LIMIT LIFTING TO _____ LBS. LOW NOISE LEVEL

VISUAL RESTRICTIONS: (Please Specify: _____)

OTHERS: _____

FOLLOW-UP RECOMMENDED _____

WERE FINDINGS AND RECOMMENDATIONS DISCUSSED WITH PATIENT? _____

DATE:	NAME OF PHYSICIAN: (Type or Print)
ADDRESS: (Street, City, State, Zip) (PHONE)	SIGNATURE OF M.D.:

EMPLOYERS NOTE: INFORMATION ACQUIRED FROM THIS FORM SHOULD BE USED IN YOUR DECISION TO PLACE AN INDIVIDUAL IN A POSITION ONLY WHEN A PHYSICAL OR MENTAL DISABILITY CAN BE SHOWN TO PREVENT THE INDIVIDUAL FROM ADEQUATELY PERFORMING ON THE JOB.

ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Any former names
by which you have
been identified: _____

Section 2. Report of Arrest or Conviction

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §1-111(e) ("Reportable Offense(s)"). See Instructions on Page 2 of this Form for a list of Reportable Offenses. If you have none to report, proceed to Section 3 of this form.

Details of Arrests or Convictions

For any arrest or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the crime for which you have been arrested or convicted, the date and location of arrest and/or conviction, and the applicable court.

Section 3. No Arrest or Conviction

By checking this box, I state that I have never been arrested for or convicted of any Reportable Offense.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature

Date

INSTRUCTIONS

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to 24 P.S. §1-111(j), to be used by current and prospective employees of public and private schools, intermediate units and area vocational-technical schools for the written reporting by current and prospective employees of any arrest or conviction for an offense enumerated under 24 P.S. §1-111(e).

As required by subsection (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current employees of a public or private school, intermediate unit or area vocational-technical school by December 27, 2011. In addition, as required by subsection (j)(4) of 24 P.S. §1-111, this form shall be utilized by employees to provide written notice within seventy-two (72) hours after an arrest or conviction for an offense enumerated under 24 P.S. §1-111(e) and occurring after September 28, 2011. In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. If you have questions regarding to whom the form should be sent, please contact your supervisor or the school entity administration office.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

An offense enumerated under 24 P.S. §1-111(e) (a "Reportable Offense") consists of any of the following:

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

<ul style="list-style-type: none"> ▪ Chapter 25 (relating to criminal homicide) ▪ Section 2702 (relating to aggravated assault) ▪ Section 2709.1 (relating to stalking) ▪ Section 2901 (relating to kidnapping) ▪ Section 2902 (relating to unlawful restraint) ▪ Section 2910 (relating to luring a child into a motor vehicle or structure) ▪ Section 3121 (relating to rape) ▪ Section 3122.1 (relating to statutory sexual assault) ▪ Section 3123 (relating to involuntary deviate sexual intercourse) ▪ Section 3124.1 (relating to sexual assault) ▪ Section 3124.2 (relating to institutional sexual assault) ▪ Section 3125 (relating to aggravated indecent assault) ▪ Section 3126 (relating to indecent assault) ▪ Section 3127 (relating to indecent exposure) ▪ Section 3129 (relating to sexual intercourse with animal) ▪ Section 4302 (relating to incest) ▪ Section 4303 (relating to concealing death of child) 	<ul style="list-style-type: none"> ▪ Section 4304 (relating to endangering welfare of children) ▪ Section 4305 (relating to dealing in infant children) ▪ A felony offense under section 5902(b) (relating to prostitution and related offenses) ▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances) ▪ Section 6301(a)(1) (relating to corruption of minors) ▪ Section 6312 (relating to sexual abuse of children) ▪ Section 6318 (relating to unlawful contact with minor) ▪ Section 6319 (relating to solicitation of minors to traffic drugs) ▪ Section 6320 (relating to sexual exploitation of children)
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- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."

- (3) An offense **SIMILAR IN NATURE** to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
 - the United States; or
 - one of its territories or possessions; or
 - another state; or
 - the District of Columbia; or
 - the Commonwealth of Puerto Rico; or
 - a foreign nation; or
 - under a former law of this Commonwealth.