



Outside Care Provider/ Private Instructional Personnel File Checklist

Provider Name: _____ **Date:** _____

Title: _____ **Agency:** _____

Campus: _____

Copy of School District Vendor Badge - (If treating in more than one county, provide a copy of all corresponding school district vendor badge)

OCPS **OSCEOLA** **SEMINOLE** **Exp Date:** _____

Orientation Certificate

Professional Certification Exp Date: _____

Liability Insurance Exp Date: _____

Parent Authorization

UCP Schedule and Information

Name of Administrator Uploading Documents: _____

Signature of Administrator: _____ **Date:** _____

Revised March 2024