



Join Student PSEA or Renew My Membership

Print this message and keep for your records.

Dear Brenna Fulk:

Thank you for joining Student-PSEA for the period September 1, 2021 through August 31, 2022. It is the best way to get started on your teaching career, which should prove to be challenging and rewarding. Please allow us one day to process your membership before logging into the site to access Members Only information.

Student PSEA is part of the Pennsylvania State Education Association, which advocates for strong, effective public schools and the professional, personal, and financial interests of its members. With a wealth of resources and programs, Student PSEA helps you achieve your goal of becoming a teacher. Please take some time in the near future to explore all that Student PSEA has to offer at: www.psea.org/student.

This letter will serve as verification of your membership. Your membership card is shown below. It is important for you to print this document and save your membership card. **This verifies that you are covered by the PSEA-NEA Educators Employment Liability policy for the period September 1, 2021-August 31, 2022.** It also gives you access to PSEA services, meetings and other information found on PSEA.org. Student PSEA members are also eligible for a free subscription to Instructor Magazine. You can request your subscription at: www.neamag.com/studentpsea-magazines.

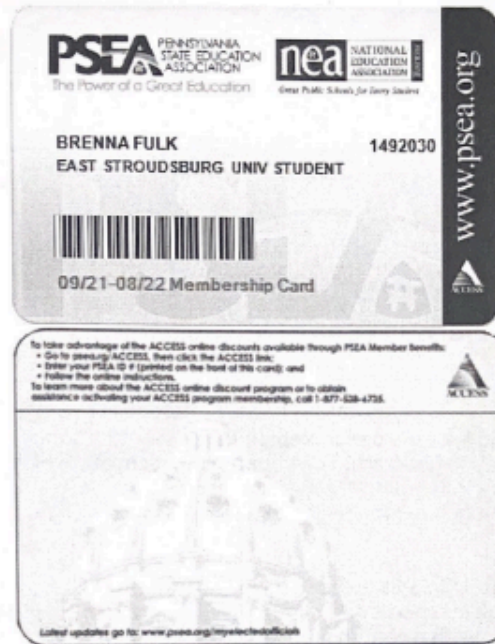
We encourage you to actively participate in the affairs of your student chapter at your college. Student members work to influence the education profession, improve teacher preparation, and protect the rights of students.

Below are the names and contact information for the people who can help connect and get you involved in your Student PSEA Chapter:

- Region President: Julia Hinkle

Again, welcome. We are excited to have you as a member of our organization.

Sabreena Shaller
Student PSEA President



A copy of this enrollment was emailed to brennafulk@gmail.com



PSEA Headquarters

(800) 944-7732 | (717)
255-7000



My PSEA Login

Contact Us

Office Locations
Contact PSEA

Quick Links

Member Benefits
My PSEA

Resources By
Profession

New Members

PSEA Regions

Central
Central-Western

Certificate of Completion

Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania

Meets ACT 31 of 2014 training requirements

Meets the Recognizing Child Abuse and Mandated Reporting components of
ACT 126 of 2013 training requirements
3 continuing education hours

Presenter:

University of Pittsburgh School of Social Work,
PA Child Welfare Resource Center
403 East Winding Hill Road, Mechanicsburg, PA 17055

Presented to:

Fulk, Brenna
on the date:
01/30/2020



Provider Number:
CACE000004
CE Course Number:
PCW000001

Molly B. Alwein
Molly B. Alwein,
Director of Continuing Education
School of Social Work

Michael Byers
Michael Byers,
Director PA Child Welfare
Resource Center

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

THE CERTIFICATE IS ONLY VALID FOR VOLUNTEER PURPOSES. THE PENNSYLVANIA STATE POLICE DOES NOT AUTHORIZE THIS FORM FOR ANY OTHER USE

BRENNA LYNN FULK
1032 PENNSYLVANIA ST.
WHITEHALL PA 18052

TELEPHONE (570) 579-8231

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: Fulk, Brenna Lynn
Date of Birth: 12/08/1997
Social Security #: xxx-xx-9811
Sex: F
Race: White
Date of Request: 09/30/2021 01:57 PM
Purpose of Request: Volunteer

Maiden Name and/or Alias (1) (2)
(3) (4)

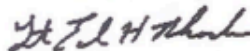
*** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL #R25949516 ***

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTOR AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES.

THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.state.pa.us/RCStatusSearch.jsp>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:



Lt. Earl Rhoades
Director of Criminal Records & Identification
Pennsylvania State Police

DISSEMINATED BY: SYSTEM
09/30/2021 01:58 PM



**EAST
STROUDSBURG
UNIVERSITY**

TB TESTING RESULTS

LAST NAME: Fulk FIRST NAME: Brenna

TB TINE RESULTS

DATE ADMINISTER: 9/27/21
DATE READ: 9/29/21 negative
MANUFACTURER NAME: Sanofi LOT #: C58224A
MEDICAL FACILITY: ESU Student Health
CONSULTING PRACTITIONER NAME: Michelle Scaccia
CONSULTING PRACTITIONER SIGNATURE: [Signature] RN
PHONE #:

TB TINE UPDATE

IF THE CURRENT TB RESULTS ARE OVER 3 MONTHS BUT LESS THAN ONE YEAR, PLEASE ATTEST TO THE FACT THAT ANOTHER TEST WILL NOT BE ADMINISTERED AND THAT THE PATIENT IS CURRENTLY FREE OF TB

COMMENTS:
CONSULTING PRACTITIONER NAME:
CONSULTING PRACTITIONER SIGNATURE:
PHONE #: DATE:

TB X-RAYS RESULTS: Only necessary if original TB Tine is false positive

X-RAYS DATE:
X-RAYS RESULTS:
MEDICAL FACILITY: PHONE #:

TB TESTING CONSENT

East Stroudsburg University-Health Center

Name Brenna Fuik STUDENT ID # 000303285
(please print)
Local Telephone/Cell (570) 579-8231 Date 9/27/2021

Is there any chance that you might be pregnant? ☒ No ☐ Yes Females:
Date of Last Menstrual Period 9/20/2021
Current/recent or chronic illness _____

Recent history of measles, mumps, rubella, polio, varicella Vaccines or Disease within the last 4 – 6 weeks ☒ No
☐ Yes, describe _____

Current Medications N/A

Are you currently taking, or have taken in the past 4 weeks, any oral corticosteroid medications? (some examples of corticosteroids are: Prednisone, Decadron, Medrol, Advir inhaler, Flovent inhaler, Pulmicort inhaler).
☒ No ☐ Yes

If yes, describe _____

Allergies: ☐ No ☐ Yes, if yes describe seasonal

Past Reaction to TB Test ☒ No ☐ Yes, describe _____

Have you ever received treatment for Tuberculosis ☒ No ☐ Yes, describe _____

(include dates)

I have read the literature provided and have had a chance to ask questions. I understand the benefits and risks of TB Testing and I grant permission for the tuberculin test to be administered. I understand I must return to the health center for reading of the TB test within 48-72 hours. There is a fee for repeat testing.

Brenna Fuik
Student Signature

Circle one Site: RF/LFA

☒ Test Administered Lot # CS822AA 4-22-23
☐ Test not administered. Comments _____ Sanofi (Mantoux)

☐ C ☐ W

M. Du
Staff Signature

9/27/21 1523
Date/Time

RESULTS

Test Results in Millimeter

☒ Negative

0

(mm)

☐ Positive

(mm)

Comments _____

M. Du
Signature

9/29/21 1523
Date/Time

TB Testing Consent

4/09/5/10