


# CMGConnect


## ARCHDIOCESE OF DUBUQUE



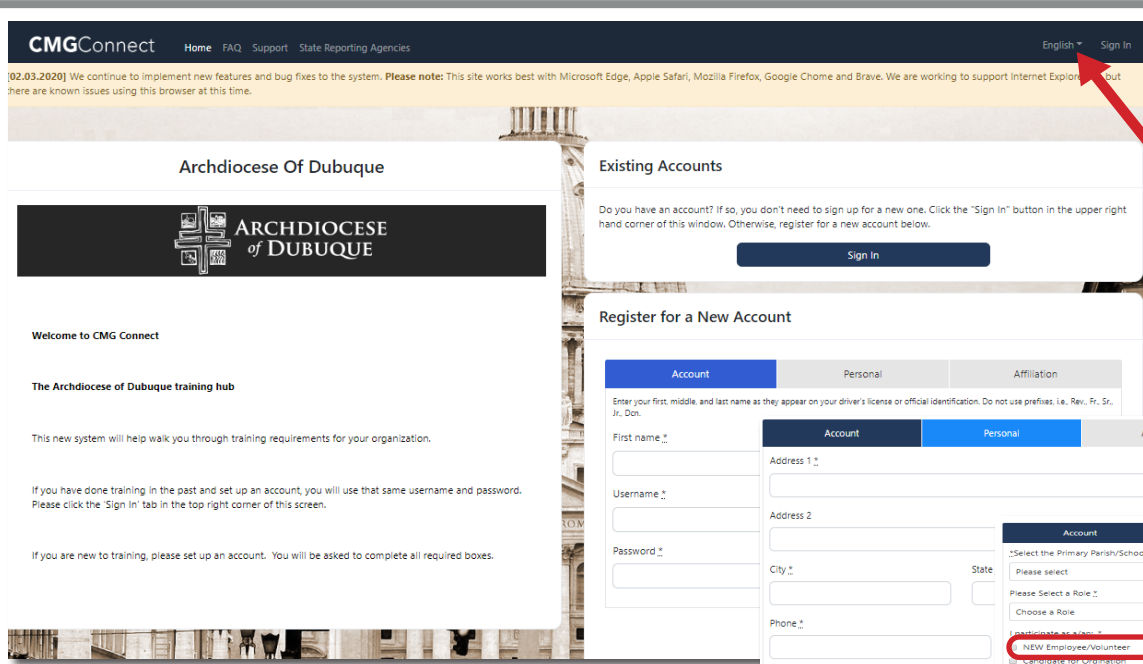
### ***Safe Environment Training for NEW Employees & Volunteers***

1. Go to <https://dubuque.cmgconnect.org/>
2. Create a new account by completing all the boxes under the **Register for a New Account** area. This includes your address, primary parish\*, and how you participate at your parish or school. \*Select "Holy Family Catholic Schools System - Dubuque" as your "Primary Parish/School. Select the **NEW Employee/Volunteer** as your participation category for the system to assign the correct training.  
*Please contact Tessa Petsche at [tpetsche@holyfamilydbq.org](mailto:tpetsche@holyfamilydbq.org) or 563-582-5456 if you have any questions.*
3. Your dashboard will show you the required and optional training curriculums that have been customized for your particular role within the Diocese.
4. Click  under the **A. Safe Environment Training - New Employee/Volunteer - Dubuque** module to begin.
5. On the last page of the curriculum, submit your background check information.  
**NOTE:** The DHS Form must be completed and provided to your site admin for your background check results to successfully process.  
*The curriculum will be marked "Resume" until your background check is processed and reviewed by the diocese. Processing can take up to 7-14 business days.*
6. If needed, you can access your completion certificate after you are certified by returning to the training dashboard and clicking **Print Certificate**.



For technical assistance, contact us via the  button found in the bottom right corner of the web page.

*Last Updated: 03/12/20*



Click Here and select "Spanish" to change language settings before creating a new account.

• You will progress through ALL three account creation screens then click **Register** to complete your profile set-up. *Please be sure to select the NEW Employee/Volunteer category to be assigned the correct curriculum.*

• On your dashboard, click **Start** to open up the **Safe Environment** training option.

• Progress through the training sections—as you complete each page, it will be marked as **Done** to show that the segment is finished.

• Your background check results will **NOT** be processed without DHS Authorization form posted in the curriculum. *Please submit the completed form to your Site Coordinator.*

• The curriculum will show **Resume** on your training dashboard until your background check details are processed and your certification is approved by the Diocese. *Note: Background check processing can take up to 7-14 business days.*

• Once you have been certified, a completion certificate will be available under the finished module on your dashboard. Click the gray **Print Certificate** button to access.

<https://Dubuque.CMGconnect.org/>



### Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry
- Dependent Adult Abuse Registry
- Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address
- Fax
- Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last Petrocelli	First Jackie	Agency Name SELECTION.COM	Telephone Number (513)522-8764
Address 155 Tri County Pkwy, Suite 150		State OH	Fax Number (513)728-4420
City Cincinnati	State OH	Zip Code 45246	Email jpetrocelli@selection.com
List the name and address of the person whose information is being requested:			
Name (last, first, middle)		Birth Date	Social Security Number
Address	City	County	State      Zip Code
List maiden name, previous married names, and any alias:			
What is the purpose of your request for child or dependent adult abuse information?			
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.			
Signature of Requestor			Date

**Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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**Section 3: To be completed by the Central Abuse Registry or designee.**

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	

## **LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

### **Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

### **Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)**

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.