

BUNTAIN SCHOOL OF NURSING, NORTHWEST UNIVERSITY

Disclosure Statement

The Washington State Child and Adult Abuse Information Law RCW 43.43.830-845, requires that anyone with unsupervised access to certain vulnerable populations be screened for specific information about any convictions for crimes against persons and crimes relating to financial exploitations, and for findings in related actions and proceedings. Clinical training sites are precluded by law from allowing persons with certain convictions histories to have unsupervised access to these vulnerable populations. Contracts with clinical training sites require the nursing program to assure that its students and faculty have been screened.

Conviction information, including information regarding certain court and administrative determinations, must be disclosed and verified before an applicant, student or faculty member can be considered for admittance to a clinical site. A conviction/criminal history record does not necessarily disqualify an individual from admission or continuation. Conviction/criminal history records must be verified through a private national background check agency specified by the program. Admission and/or continued enrollment/employment is subject to a satisfactory background check review. Individuals who do not sign this Conviction/Criminal History Disclosure Form will not be considered for admission or continuation. Questions about the use of conviction/criminal history information may be referred to Dean.

PLEASE PRINT

First Name:		Last Name:		Social Security Number	
Middle Name:		Previous Names or Alias		Date of Birth	
I. CRIMES AGAINST PERSONS AND CRIME RELATING TO FINANCIAL EXPLOITATION					
Have you ever been convicted of any of the following crimes? If YES , please check all that apply and provide detailed information in section VI.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Arson (1 st Degree)	<input type="checkbox"/>	Custodial Interference (1 st , 2 nd Degree)	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	Assault (Custodial)	<input type="checkbox"/>	Extortion (1 st , 2 nd , 3 rd Degree)	<input type="checkbox"/>	Promoting Prostitution (1 st Degree)
<input type="checkbox"/>	Assault (Simple or 4 th Degree)	<input type="checkbox"/>	Forgery	<input type="checkbox"/>	Rape (1 st , 2 nd , 3 rd Degree)
<input type="checkbox"/>	Assault (1 st , 2 nd , 3 rd Degree)	<input type="checkbox"/>	Incest	<input type="checkbox"/>	Rape of a Child (1 st , 2 nd , 3 rd Degree)
<input type="checkbox"/>	Assault of a child (1 st , 2 nd , 3 rd Degree)	<input type="checkbox"/>	Indecent Exposure (Felony)	<input type="checkbox"/>	Robbery (1 st , 2 nd Degree)
<input type="checkbox"/>	Burglary (1 st degree)	<input type="checkbox"/>	Indecent Liberties	<input type="checkbox"/>	Selling/Distributing Erotic Material to a Minor
<input type="checkbox"/>	Child Abandonment	<input type="checkbox"/>	Kidnapping (1 st , 2 nd Degree)	<input type="checkbox"/>	Sexual Exploitation of a Minor
<input type="checkbox"/>	Child Abuse or Neglect (RCW 26.44.020)	<input type="checkbox"/>	Malicious Harassment	<input type="checkbox"/>	Sexual Misconduct with a Minor
<input type="checkbox"/>	Child Buying or Selling	<input type="checkbox"/>	Manslaughter (1 st , 2 nd Degree)	<input type="checkbox"/>	Theft (1 st , 2 nd , 3 rd Degree)
<input type="checkbox"/>	Child Molestation (1 st , 2 nd , 3 rd Degree)	<input type="checkbox"/>	Murder (Aggravated)	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	Communication with a Minor	<input type="checkbox"/>	Murder (1 st , 2 nd Degree)	<input type="checkbox"/>	Vehicle Homicide
<input type="checkbox"/>	Criminal Abandonment	<input type="checkbox"/>	Patronizing a Juvenile Prostitute	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	Criminal Mistreatment (1 st , 2 nd Degree)	<input type="checkbox"/>	Promoting Pornography	<input type="checkbox"/>	Or Any of These Crime That May Have Been Renamed
II. RELATED PROCEEDINGS					
Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult? If YES, please provide detailed information in Section VI.				<input type="checkbox"/> Yes	<input type="checkbox"/> No If YES, please provide detailed information in Section VI.
III. DRUG-RELATED CRIMES					
Have you ever been convicted of a crime related to the manufacture of, delivery, or possession with intent to manufacture or deliver a controlled substance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No If YES, please provide detailed information in Section VI.
IV. MEDICARE FRAUD-RELATED CRIMES					
Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?				<input type="checkbox"/> Yes	<input type="checkbox"/> No If YES, please provide detailed information in Section VI.
V. HEALTH CARE LICENSURE					
Have you ever had your license as a health care practitioner revoked?				<input type="checkbox"/> Yes	<input type="checkbox"/> No If YES, please provide detailed information in Section VI.
VI. FOR ALL ITEMS CHECKED IN SECTIONS I – V, PLEASE SPECIFY:					
<ol style="list-style-type: none"> 1) The specific details including the court or agency involved 2) Conviction or action date(s) 3) Sentence(s) or penalty(ies) imposed 4) Prison release date(s) 5) Current standing (e.g. parole, work release, suspended license, etc.) <p>Please use separate paper if necessary</p>					

Criminal Background Check Cont.

PLEASE PRINT

VII. GENERAL CONVICTION INFORMATION				
Aside from those crimes listed above, within the past 10 years, have you ever been convicted of or released from prison for any crimes, excluding parking tickets/traffic citations? If YES, please indicate all conviction dates, prison release date(s) and the nature of the offense(s). Please use other side of page if necessary.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address			City, State & Zip	
All other cities, counties and states in which resided since turning 18 years of age (<i>please print</i>):				
City, County, & State		City, County, & State		
City, County, & State		City, County, & State		
City, County, & State		City, County, & State		
City, County, & State		City, County, & State		
City, County, & State		City, County, & State		
<p>Under penalty of perjury, I certify that the above information is true, correct and complete. I understand that I am obligated to notify the nursing program within 30 days, in writing, if I am convicted of any crime or if any of the specified court or administrative determinations are made against me during the application period, while enrolled as a student or employed as a faculty member. I understand that any misrepresentation or omission in the above-stated information may lead to denial of admission or dismissal. I understand and agree that Northwest University and the Buntain School of Nursing may verify this information through a private national background records verification agency. I also understand and agree that admission and continuation is conditioned on the Program's receipt of a satisfactory background check report from the agency.</p> <p>Authorization for Repeat Background Checks and Dissemination of Results: I agree to initiate, pay for and provide the Buntain School of Nursing with a repeat background check every year from the date of my admission/hire to the Program. I authorize dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites as deemed necessary by the Buntain School of Nursing during the completion of my academic program. I understand that the Buntain School of Nursing will provide the records listed above only with the condition that the receiving party or parties will be notified by the Buntain School of Nursing that they may not disclose the information to other parties, in a personally-identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. I further understand that any statements that I have placed in my records commenting on consented information contained in the records listed above will be released along with the records to which they relate.</p>				
Signature				Date
Printed Last Name		Printed First Name		Printed Middle Name

Process for Background Check Review:

1. All applicants/students/faculty submit a signed Conviction/Criminal History Disclosure Form.
2. Every applicant must verify conviction/criminal history through the private national background check agency specified by the nursing program, by August 1st each summer. Failure to comply by the deadline may disqualify the applicant from admission.
3. A repeat Washington State Patrol (WATCH) report will be repeated the second year you are in the program. If your enrollment in the Nursing Program is not continuous you will be required to order a new Certified Background national criminal background check.
4. If the check is negative, the applicant/faculty may be admitted to and the continuing student/faculty may continue with the program.
5. If the check is positive, the applicant/student/faculty will be asked to explain any discrepancies. This information will be reviewed by Dean and one of the following committees, Faculty Affairs or Student Affairs. If the review indicates that the information and explanation are satisfactory, the applicant/faculty may be admitted to and the continuing student/faculty may continue in the program. If the review indicates that information and explanation are not satisfactory, the offer of admission may be withdrawn and the continuing student may be suspended or dismissed from the program.
6. The Dean will meet with the applicant/student/faculty and inform the applicant/student/faculty of the decision regarding the background check review verbally and in writing.