SCHOOL OF NURSING
UNIVERSITY of WASHINGTON

UNIVERSITY OF WASHINGTON SCHOOL OF NURSING TYPE OR PRINT IN BLACK INK

BACKGROUND CHECK, AUTHORIZATION FOR REPEAT CHECKS, AND DISSEMINATION OF RESULTS FORM

This form must be completed to be considered for School of Nursing admission and continuation.

The School of Nursing reviews background check records when considering individuals for admission and continuation. These reviews are carried out because they relate to the essential qualifications of potential and continuing students under the School's curriculum standards, as well as to the safety and security of patients and the public. The Washington State Child and Adult Abuse Information Law, RCW 43.43.830-842, 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 exploitation, and for findings in related actions and proceedings. School of Nursing degree programs involve unsupervised access to populations defined by this law. Clinical training sites are precluded by law from allowing persons with certain conviction histories to have unsupervised access to these vulnerable populations. In addition, certain criminal convictions and certain court administrative determinations may preclude completion of the clinical portion of the curriculum. Affiliation agreements with clinical sites require the School to assure that its students have been screened.

Conviction information, including information regarding certain court and administrative determinations, must be disclosed and verified before an applicant or student can be considered for enrollment or continuation in any School program. Students must self disclose any crimes committed during their enrollment. **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 School. Admission and continued enrollment are subject to a satisfactory background check review. Background checks routinely uncover convictions that individuals believe were "expunged," "vacated," or otherwise set aside. Consequently, it is in the applicant/student's best interest to disclose such convictions on this form. Individuals who do not sign this Background Check, Authorization for Repeat Checks, and Dissemination of Results Form will not be considered for admission. Questions about the use of background check information may be referred to Academic Services (206-543-8736).

Applicant/Student Name (Last) (First) (M.I.)	
Applicant/Student's Nursing Degree Program	Date of Birth (Mo., Dy., Yr.)
Applicant/Student Email Address	Applicant/Student Phone Number

I. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:

Have you ever been convicted of any of the crimes listed below: ❍ **YES** ❍ **NO** If **Yes,** check all that apply and describe under section V. below

	Arson (1st Degree)		Custodial Interference (1st/2nd degree)		Promoting Pornography Promoting Prostitution (1st Degree)
	Assault, Custodial		Extortion (1st/2nd/3rd* Degree)		Prostitution
	Assault, Simple (or 4th Degree Assault)		Forgery*		Robbery (1st/2nd Degree)
	Assault (1st/2nd/3rd Degree)		Incest		Rape (1st/2nd/3rd Degree)
	Assault of a Child (1st/2nd/3rd Degree)		Indecent Exposure – Felony		Rape of a Child (1st/2nd/3rd Degree)
	Burglary (1st Degree)		Indecent Liberties		Selling/Distributing Erotic Material to a Minor
	Child Abandonment		Kidnapping (1st/2nd Degree)		Sexual Exploitation of a Minor
	Child Abuse or Neglect (RCW 26.44.020)		Malicious Harassment		Sexual Misconduct with a Minor (1st/2nd Degree)
	Child Buying or Selling		Manslaughter (1st/2nd Degree)		Theft (1st/2nd/3rd* Degree)
	Child Molestation (1st/2nd/3rd Degree)		Murder, Aggravated		Unlawful Imprisonment
	Communication with a Minor		Murder (1st/2nd Degree)		Vehicular Homicide
	Criminal Abandonment		Patronizing a Juvenile Prostitute		Violation of Child Abuse Restraining Order
	Criminal Mistreatment (1st/2nd Degree)				

II. DRUG-RELATED CRIMES

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance? ◯ **YES** ◯ **NO**

III. 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? ◯ **YES** ◯ **NO**

IV. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service? ◯ **YES** ◯ **NO**
Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program? ◯ **YES** ◯ **NO**
Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program? ◯ **YES** ◯ **NO**

V. ADDITIONAL INFORMATION (when applicable)

For **all items checked** in I, II, III and IV above, specify the conviction or action date(s), sentence(s) or penalty(ies), imposed, prison release date(s) and current standing (e.g., parole, work release). For all items with an asterisk (*) above, provide a description of the victim including the victim's age. Attach additional page(s) if needed.

VI. GENERAL CONVICTION INFORMATION (when applicable)

Aside from those crimes listed above, within the past 10 years have you ever been convicted of or released from prison for any crimes? Do not include parking tickets/traffic citations: ◯ **YES** ◯ **NO** If **Yes**, indicate all conviction dates, prison release date(s) and the nature of the offense(s). Attach additional page(s) if needed.

SIGNATURE - You will not be considered for admission/continuation if you do not complete and sign this form.

Under penalty of perjury, I certify that the above-stated information is true, correct and complete. I understand that I am obligated to notify the School of Nursing within 30 days, in writing, of 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 and/or while enrolled as a student. I understand that any misrepresentation or omission in the above-stated information may lead to denial of admission or dismissal from the program. I understand and agree that the University of Washington may verify this information through the Washington State Patrol and/or through a private national records verification agency. I also understand and agree that admission and continuation is conditioned on the University's receipt of a satisfactory background check.

Authorization for Repeat Background Checks and Dissemination of Results

I agree to initiate, pay for, and provide the School of Nursing with repeat background checks every two years from the date of my admission to the School. I authorize dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites, whether in or outside the State of Washington, as deemed necessary by the School of Nursing, during the completion of my academic program. I understand that the University of Washington will provide the records listed above only with the condition that the receiving party or parties will be notified by the University 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 contested information contained in the records listed above will be released along with the records to which they relate.

Please be sure that you print and SIGN a hardcopy of this form and submit it in your hardcopy application packet to the School of Nursing. Your application will not be considered complete without a signed and dated copy of this form. No electronic signature is required for the copy you initially submit on-line. (This text will not print.)

Signature _____ **Date** _____

BACKGROUND CHECK PROCESS AND REVIEW POLICY

A description of the UW School of Nursing background check process and background check review policy are located on line at http://nursing.uw.edu/admissions/bgcheck.