



Nursing Assistant, Certified Program Conviction/Criminal History Disclosure Form

This form must be completed to be considered for Nursing Assistant, Certified Program admission and continuation.

Nursing Assistant, Certified Program reviews conviction/criminal history records when considering individual for admission and continuation. These reviews are carried out because they relate to the essential qualifications of potential and continuing students under the Nursing Assistant, Certified Program curriculum standards, as well as to the safety and security of patients and 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 exploitations, and for findings in related actions and proceedings. Nursing Assistant, Certified Program involves unsupervised access to populations defined by this law. In addition, certain criminal convictions and certain court administrative determinations may preclude completion of the clinical portion of the curriculum. 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 Nursing Assistant, Certified Program 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 Nursing Assistant, Certified Program. 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 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 the Nursing Assistant, Certified Program Chair.

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|--------------------|--|-------------------|--|-------------|--|
| First Name: | | Last Name: | | SID: | |
|--------------------|--|-------------------|--|-------------|--|

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 Yes No
in section VI.

| | | |
|--|---|---|
| <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"/> Vehicular 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. Yes No

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? Yes 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? Yes 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? Yes No
If YES, please provide detailed information in Section VI.

VI. FOR ALL ITEMS CHECKED IN SECTIONS I – V, PLEASE SPECIFY:

- 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.)

Please use other side of page if necessary



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| 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 | |
| | | | |
| <p>Under penalty of perjury, I certify that the above information is true, correct and complete. I understand that I am obligated to notify Nursing Assistant, Certified Program 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. I understand and agree that the Bellevue College Nursing Assistant, Certified Program 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 Dissemination of Results: I authorize dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites as deemed necessary by Nursing Assistant, Certified Program during the completion of my academic program. I understand Nursing Assistant, Certified Program will provide the records listed above only with the condition that the receiving party or parties will be notified by the Program 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 | |

Process for Background Check Review:

1. All applicants/students 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 Nursing Assistant, Certified, by the stated deadline. Failure to comply by the deadline may disqualify the applicant from admission.
3. All continuing students must complete a repeat check every year
4. If the check is negative, the applicant may be admitted to and the continuing student may continue in the program
5. If the check is positive, the applicant/student will be asked to explain any discrepancies. This information will be reviewed by a program chair and faculty. If the review indicates that the information and explanation are satisfactory, the applicant may be admitted to and the continuing student 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. A program chair will meet with the applicant/student and inform the applicant/student of the decision regarding the background check review verbally and in writing.