



## SCCD Nursing Programs

### Criminal History Disclosure Form

This form must be completed to be considered for admission and continuation for any district nursing program.

All District Nursing Programs review charges, convictions, and/or criminal history records when considering an individual for admission and continuation. These reviews are carried out because they relate to the essential qualifications of potential and continuing students under the District Nursing Programs' 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.

The District Nursing Programs involve 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 conviction histories to have unsupervised access to these vulnerable populations. Contracts with clinical training sites require the District Nursing Programs to assure that its students have been screened.

Charges, convictions and/or criminal history 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 District Nursing Program. Charges, convictions, and/or criminal history record does not necessarily disqualify an individual from admission or continuation. Charges, convictions and/or criminal history records must be verified through a private national background check agency specified by the program. Admission and/or continued enrollment are subject to a satisfactory background check review and clinical training site approval. Individuals who do not sign this Charge/Conviction/Criminal History Disclosure Form will not be considered for admission or continuation. Questions about the use of charges, convictions, and/or criminal history information may be referred to the Director of Nursing.

First Name:
Middle I:
Last Name:
SID:

**I. CRIMES AGAINST PERSONS AND CRIME RELATING TO FINANCIAL EXPLOITATION**

Have you ever been charged or convicted of any of the following crimes

Yes                      No

**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?

Yes                      No

**III. DRUG-RELATED PROCEEDINGS**

Have you ever been charged or convicted of a crime related to the manufacture of, delivery, or possession with intent to manufacture or deliver controlled substance?

Yes                      No

**IV. MEDICARE FRAUD-RELATED CRIMES**

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?

Yes                      No

**V. HEALTH CARE LICENSURE**

Have you ever had your license as a health care practitioner revoked; and/or is there an action(s) listed on your health care provider license?

Yes                      No

**VI. OTHER CONVICTIONS OR CHARGES INFORMATION**

Aside from those crimes listed above, have you ever been charged, convicted of, or released from prison for any crimes, excluding parking tickets?

Yes                      No

**VII. REPORTED CRIMES (Attach a separate sheet if needed)**

Category:

Crime Title:

Details:

Convictions, Charges, Action Dates:

Sentences/Penalties:

Prison Release Dates:

Current Standing:

Under penalty of perjury, I certify that the above information is true, correct and complete.

I understand that I am obligated to notify the Director of Nursing within 30 days, in writing, if I am charged or 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 Nursing 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, and clinical training site approval; if the Program is unable to place a student at a clinical site due to their conviction/criminal history record or background check including exclusion, based on stricter regulations at the clinical training site, the college and/or program is under no obligation to find another clinical site.

**Authorization for Repeat Background Checks and Dissemination of Results:**

I agree to pay for and provide the Nursing Program with a background check every year from the date of my admission 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 Director of Nursing during the completion of my academic program.

I understand that the Nursing 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.

I, \_\_\_\_\_ certify that the above information is true, correct, and complete. (Print your name and certify your statements by signing below.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date