

Conviction/Criminal History Disclosure Form

This form must be completed

Conviction information, including information regarding certain court and administrative determinations, must be disclosed. A conviction/criminal history record does not necessarily disqualify an individual from a job shadow. Conviction/criminal history records must be verified through a private national background check agency. Participation in a job shadow is subject to a satisfactory background check review. Individuals who do not complete and sign this Conviction/Criminal History Disclosure Form will not be considered for a job shadow experience.

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

Have you ever had your license as a health care practitioner revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

VII. GENERAL CONVICTION INFORMATION

Aside from those crimes listed above 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
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Under penalty of perjury, I certify that the above information is true, correct and complete. I understand that I am obligated to notify Swedish Health Services, 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 prior to a job shadow experience. I understand that any misrepresentation or omission in the above-stated information may lead to denial of a job shadow experience. I understand and agree that the Swedish Health Services may verify this information through a private background records verification agency. I also understand and agree that approval and continuation is conditioned on the Swedish Health Services receipt of a satisfactory background check report.

Signature	Date
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