

SPOKANE COMMUNITY COLLEGE Program _____
HEALTH SCIENCE DIVISION
SPOKANE, WASHINGTON

DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INQUIRY *

Your role at the college may be directly responsible for the care, supervision or treatment of children, developmentally disabled persons, or vulnerable adults.

As provided by state law (RCW 43.43), a disclosure statement must be made by the potential caregiver, and background inquiries made, of certain crimes against persons. Information obtained from the disclosure or background inquiries will not necessarily preclude assignments, but will be evaluated by the college, hospitals and other clinical sites for appropriateness of assignments.

PLEASE COMPLETE:

Name _____

Date of Birth _____ Sex _____ Race (Optional) _____

Student Identification No. _____ Phone _____

Drivers License Number _____ State _____

Mailing Address _____

Have you ever been

- 1) Convicted of any crime against persons (definition: "*Crimes against persons*" means a conviction for offenses such as theft, murder, kidnapping, assault, rape, robbery, arson, burglary, manslaughter, extortion, incest, indecent liberties, vehicular homicide, prostitution, or criminal mistreatment.)?
- 2) Found in any dependency action to have sexually assaulted or exploited any minor or to have abused any minor?
- 3) Found by a court in a domestic relation proceeding to have sexually abused or assaulted any minor or to have physically abused any minor?

In the State of Washington? _____ No _____ Yes

Outside the State of Washington? _____ No _____ Yes

If yes, which state: _____

All answers are true and complete to the best of my knowledge. I understand that untruthful statements are cause for immediate suspension. I hereby authorize the college to conduct a background inquiry on me and to share that information with the hospital or clinical site. I attest that the information I have provided is true and accurate.

Signature _____ Date _____

* Please submit both Disclosure and WSP forms to the Health Science Office – Room 133

The **CHILD AND ADULT ABUSE INFORMATION LAW** became effective January 1, 1988. The law requires that organizations which care for children or developmentally disabled persons must have prospective caregivers disclose to the organization whether the applicant has been convicted of certain crimes against persons. The disclosure must be made in writing and signed by the applicant.

Health Science students at Spokane Community College who may be assigned clinical experiences at area hospitals and clinical sites are required to complete the disclosure forms before any clinical assignments can be authorized.

Students and faculty will need to complete two forms: 1) The standard document used by the Washington State Patrol (WSP). The college will complete a screening process. 2) The signed Disclosure and Authorization for Background Inquiry form. Both forms will be maintained in the office of the Coordinator, Western Washington ICT Program. Students and faculty in most programs will not be allowed into clinical sites without this clearance.

Thank you for your participation in this process. If you have any questions or concerns, please contact me at Spokane Community College, 253-403-3438 or send an email to scott.corson@multicare.org

Scott Corson
Coordinator, Western Washington
Invasive Cardiovascular Technology Program
09/15

*** DO NOT RETURN THIS FORM
TO THE WASHINGTON STATE PATROL
OFFICE

~~MAIL COMPLETED FORM TO:~~

SUBMIT COMPLETED FORM
TO THE COORDINATOR,
WESTSIDE ICT PROGRAM

~~WASHINGTON STATE PATROL
IDENTIFICATION AND CRIMINAL HISTORY SECTION
PO BOX 42633
OLYMPIA WA 98504-2633~~

FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT:
PHONE: (360) 534-2000
E-MAIL: crimhis@wsp.wa.gov
WSP WEB SITE: <http://www.wsp.wa.gov>

Washington State conviction criminal history record information is available on the Internet using WATCH (Washington Access to Criminal History). You may use an account established by mail or conduct a search using a credit card (Discover, American Express, Visa, or MasterCard). An account application can be printed by accessing WATCH "HELP" files on the Internet. A \$10 fee is charged for each name and date of birth search, regardless of the outcome.
WATCH WEB SITE: <https://watch.wsp.wa.gov>

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

- 1. Searches can be conducted only on prospective employees, volunteers, or adoptive parents.*
Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.
Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97
- 2. Applicants must be notified an inquiry may be made.*
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer that an inquiry may be made.
- 3. A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.*
A business or organization shall require each applicant to disclose whether the applicant has been:

 - convicted of any crime;
 - had findings made against him or her in any civil adjudicative proceeding;
 - has both a conviction and findings made against him or her.
- 4. Applicants must be notified of the response.*
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

Spokane Community College
Agency
Invasive Cardiovascular Technology Program, Westside
Attn
315 Martin Luther King Jr. Way; MS 315-04-ICT
Address
Tacoma, WA 98415-0299
City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

[Signature] 9/29/15
Authorized Signature Date

Coordinator, ICT Program 253-403-3438
Title Area Code/Phone Number

B PURPOSE

Check appropriate box

- Educational School District (ESD)/School District Volunteer - no fee
- Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- Profit Business/Organization - \$10
- Adoptive Parent - \$10

Fees: Make payable to Washington State Patrol by cashier's check, money order, or business account.

C APPLICANT OF INQUIRY (please provide as much information as possible name and date of birth are mandatory)

Applicant's Name: _____
Last First Middle
Alias/Maiden Name(s): _____
Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year
Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Spokane Community College
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

WSP Use Only

WSP USE ONLY

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)

NOT REQUIRED