

Criminal Conviction Disclosure

To help determine the ability of each applicant to fulfill the professional requirements of the program, ensure that each prospective student has an appropriate field experience placement, and in order to provide a safe environment for members in placement settings as well as students, faculty, and staff of Western Washington University, the Department of Health & Community Studies has established a procedure to conduct criminal background investigations.

This **completed disclosure statement** must be submitted at the time of application to the program as instructed below. By signing this form, you also agree to initiate an online background check according to instructions that will be provided later in the process. Furthermore, you authorize us to review the results of your background check and agree to facilitate the collection of information when we deem necessary, including that from law enforcement agencies in any country, province, or state. This information is kept confidential for six years, then destroyed. We will provide you with additional instruction regarding how and when to initiate the online background check at a later date.

Failure to initiate the background check as instructed will result in denial/being dropped from the program. Denied/dropped applicants must reapply to the program and may result in delay of academic progress and involve additional expense and readmission is not guaranteed. Please direct any questions to the Department Manager at 360.650.6647

INSTRUCTIONS:

1. Complete all sections, sign, and return. For the Human Services Program and Masters in Rehabilitation Counseling, you may fill this out, sign electronically, save, and email to HSP.Info@wwu.edu For the RN-to-BSN program email to bsn.applications@wwu.edu
2. For any program, you may also send a hard copy to: Program Manager, Human Services, or Program Manager, RN-to-BSN, 516 High Street, Miller Hall 318, Mailstop 9091, Bellingham, WA 98225.

Section I

Last Name: _____ First Name: _____ Middle: _____

WWU ID# If known: _____ Telephone Number: _____

Program you are applying to: Human Services Rehabilitation Counseling RN-to-BSN

First quarter of planned program enrollment: _____ Year: _____

Section II: Please answer each question or statement below to the best of your ability. Checking “Yes” may not automatically disqualify you from consideration for the program.

Yes	No	Have you ever been...
		...found in any dependency action under RCE 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.
		...found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
		...found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or have abused or financially exploited a vulnerable adult?
		...found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?
		...convicted of crimes relating to financial exploitation as defined in RCW 43.43.830?
		...convicted of any crime against children or other persons?
		...convicted of crimes related to drugs as defined in RCW 43.43.830?
		...convicted of any type of crime other than minor parking/speeding traffic offenses?
		...Are you currently charged or under investigation for any of the above?
		...Are you currently on any kind of probation?

Section III: For all questions checked YES in Section II, please specify below the kind of offense, any conviction or action date(s), sentence(s), or penalty imposed, prison release date(s) and current standing (e.g. parole, probation, or work release) Use another sheet if necessary.

Section IV: I understand that upon acceptance to the program, I and/or Western may be required to share my background check result with community-based Cooperating Facilities considering providing internship/practice experience/practicum opportunities to me. Upon such request, I will provide my own copy. I also grant Western permission to release my results to the Cooperating Faculty upon request. I hereby release Western from any liability or damage that may occur from sharing my results with the Cooperating Facility. I certify under penalty of perjury of the laws of the State of Washington that the information I have provided is correct and true.

Applicant Signature:

Date: