



UNIVERSITY OF WASHINGTON SCHOOL OF PHARMACY CONVICTION/CRIMINAL HISTORY INFORMATION

*This form must be completed to be considered for Admission to and retention in the
University of Washington, School of Pharmacy Doctor of Pharmacy Program*

Washington State Law (RCW 43.43.830 through 842) requires that all individuals who have unsupervised access to children under 16 years of age, those with developmental disabilities, or vulnerable adults, must disclose background information concerning crimes and offenses against these populations. This information includes certain crimes against children or other persons, civil findings related to abuse of vulnerable populations, and crimes relating to financial exploitation. In addition, the law includes requirements for background checks concerning these offenses. Since a student's ability to complete the University of Washington School of Pharmacy Doctor of Pharmacy degree requirements will require clinical rotations that could involve care to these individuals, students must complete a Conviction/Criminal History Self-Disclosure Form and submit their names for a background check by the Washington State Patrol and/or other credentialed background check agency upon offer of admission to the Doctor of Pharmacy Program and every two years thereafter. In addition to disclosing criminal history involving these crimes, Doctor of Pharmacy students must disclose criminal history involving drug-related crimes, proceedings related to vulnerable populations, Medicare-Medicaid/ Healthcare-related crimes and any other general conviction information (excluding parking tickets and traffic citations). A conviction/criminal history record does not necessarily disqualify an individual for admission to or continuation in the Doctor of Pharmacy Program. The Doctor of Pharmacy Admissions Committee will review all information disclosed on an individual case-by-case basis.

Name (Last, First, Middle)	Social Security Number
Maiden Name/Aliases	Date of Birth
Phone Number	Email Address

1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION: (RCW 43.43.830-842)

Have you ever been convicted of any of the crimes listed below?
 YES **NO** If YES, check all that apply and describe in the box below.

<input type="checkbox"/> Arson (1st degree)	<input type="checkbox"/> Custodial Interference (1 st /2 nd Degree)	<input type="checkbox"/> Promoting Prostitution (1 st Degree)
<input type="checkbox"/> Assault, Custodial	<input type="checkbox"/> Extortion (1 st /2 nd /3 rd * Degree)	<input type="checkbox"/> Prostitution
<input type="checkbox"/> Assault, Simple (or 4 th Degree Assault)	<input type="checkbox"/> Forgery*	<input type="checkbox"/> Robbery (1 st /2 nd Degree)
<input type="checkbox"/> Assault (1 st , 2 nd , 3 rd Degree)	<input type="checkbox"/> Incest	<input type="checkbox"/> Rape (1 st /2 nd Degree)
<input type="checkbox"/> Assault of a Child (1 st , 2 nd , 3 rd Degree)	<input type="checkbox"/> Indecent Exposure - Felony	<input type="checkbox"/> Rape of a Child (1 st /2 nd /3 rd Degree)
<input type="checkbox"/> Burglary	<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 (1 st /2 nd Degree)
<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	

*SEE PART 5 BELOW.

2. DRUG-RELATED CRIMES

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?
 YES **NO**

3. RELATED PROCEEDINGS Have you ever been found in a dependency action (RCW 13.34.040), domestic relations proceeding (Title 26RCW), disciplinary board hearing, or protection proceeding (Chapter 74.34RCW) 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**

4. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service ?
 YES **NO**

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies, or other participation in Medicare/Medicaid or any other state or federal healthcare program?
 YES **NO**

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?
 YES **NO**

5. For all items checked in 1, 2, 3, and 4 above, specify the conviction or action date(s), sentence(s), or penalty(ies), imposed, prison release date(s) and current standing (e.g., parole, work release). For all items with an asterisk (*) above, provide a description of the victim including the victim's age. Attach additional pages if needed.

6. 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?
 YES **NO**

If YES, indicate all conviction dates, prison release date(s) and the nature of the offense(s).

SIGNATURE

I certify, under penalty of perjury, that the information contained in my application-related materials, and the above-stated information is true, correct, and complete to the best of my knowledge. I understand that consideration for admission to and continuation in the UW School of Pharmacy Doctor of Pharmacy Program depends on true, accurate and complete representation of these facts as stated or implied in all application related materials. I authorize the University of Washington School of Pharmacy to make inquiries regarding criminal conviction history. I understand that any offer of admission to and continuation in the Doctor of Pharmacy Program may be conditioned on the School of Pharmacy's receipt of satisfactory Criminal Conviction Report from the Washington State Patrol or other Background Check-related agency.

Signature _____ Date _____
 Rev: UW School of Pharmacy 10-06