Dear Applicant,

Washington State Law requires that a criminal background check be performed through the Washington State Patrol on any person, including medical staff, who may become “associated with” a health care organization and who may have “direct contact” with vulnerable adults, children under the age of 16, and developmentally disabled individuals.

To enable us to comply with this requirement, please complete the enclosed Disclosure Statement and Section C and D of the Request for Criminal History Information form.

Thank you for your cooperation in this regard. If you have any questions, please don’t hesitate to contact me.

**Jennifer Rickmar**

[jennifer.rickmar@harrisonmedical.org](mailto:jennifer.rickmar@harrisonmedical.org)

Associate Residency Program Coordinator

  Northwest Washington Family Medicine Residency

  CHI-Franciscan Health Harrison Medical Center

  Bremerton, Washington

P: 360-782-5826

F: 360-782-5829

Attachment A

**HARRISON MEDICAL CENTER**

**Child and Adult Abuse Disclosure Statement**

*Pursuant to the requirements of 1987 Washington State Laws, Chapter 486,*

*(RCW43.43.834), the following disclosure statement must be completed by you.*

1. **Print the answers to the following questions:**

|  |  |
| --- | --- |
| *Name:(Last, First, M)* |  |
| Alias Names and/or Maiden Name: |  |
| Current Address: | Date of Birth: (*mm/dd/yyyy*) |
|  | Place of Birth: |
|  |  |
| Phone number: ( ) - | Social Security Number: - - |
| Driver’s License Number & Issuing State: |  |

1. **Have you ever been convicted of any of the following crimes against persons:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Y | N |  | Y | | N | |  | |
|  |  | **Aggravated murder** |  | |  | | **Selling or distributing erotic material to a minor** | |
|  |  | **First or second degree murder** |  | |  | | **Child buying or selling** | |
|  |  | **First or second degree kidnapping** |  | |  | | **Child abandonment** | |
|  |  | **First, second or third degree assault** |  | |  | | **Criminal abandonment** | |
|  |  | **Fourth degree assault (simple assault)** |  | |  | | **First or second degree robbery** | |
|  |  | **First, second or third degree rape** |  | |  | | **First degree arson** | |
|  |  | **First or second degree manslaughter** |  | |  | | **First degree burglary** | |
|  |  | **Prostitution** |  | |  | | **First or second degree extortion** | |
|  |  | **First degree promoting prostitution** |  | |  | | **Indecent liberties** | |
|  |  | **Communication with a minor** |  | |  | | **Incest** | |
|  |  | **First or second degree criminal mistreatment** |  | |  | | **Vehicular homicide** | |
|  |  | **First, second or third degree assault of a child** |  | |  | | **Unlawful imprisonment** | |
|  |  | **First, second or third degree rape of a child** |  | |  | | **First, second or third degree child molestation** | |
|  |  | **First or second degree custodial interference** |  | |  | | **Child abuse or neglect** | |
|  |  | **Sexual exploitation of a child** |  | |  | | **Malicious harassment** | |
|  |  | **First or second degree misconduct with a minor** |  | |  | | **Custodial assault** | |
|  |  | **Patronizing a juvenile prostitute** |  | |  | | **Violation of child abuse restraining order** | |
|  |  | **Promoting pornography** |  | |  | | **Felony indecent exposure** | |
|  |  | **Or any of these crimes as they may be renamed in the future** | |  | |  | |  | |

**If your answer to any of the above is “Yes”, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed

1. **Have you ever been convicted of any crimes involving drugs: A conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No**

**If your answer to the above is “Yes”, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you ever been convicted of any of the following crimes relating to financial exploitation, where the victim was a vulnerable adult?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Y | N |  | Y | N |  |
|  |  | **First, second or third degree extortion** |  |  | **First, second or third degree theft** |
|  |  | **First or second degree robbery** |  |  | **Forgery** |
|  |  | **Or any of these crimes as they may be renamed in the future** | | | |

**If your answer to the above is “Yes”, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you ever been found in any dependency action under RCW 13.34.040, to have sexually assaulted or exploited any minor or to have physically abused a minor? \_\_\_\_\_Yes \_\_\_\_\_No**

**Have you ever been 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? \_\_\_\_\_Yes \_\_\_\_\_No**

**Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? \_\_\_\_\_Yes \_\_\_\_\_No**

**Have you ever been found by a court in a protection proceeding under chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult? \_\_\_\_\_Yes \_\_\_\_\_No**

**If your answer to the above is “Yes”, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired or accepted as a Medical Student by Harrison Medical Center, I can be discharged for any misrepresentation or omission in the above statement. I understand that if I am hired or accepted as a Medical Student, my tenure is conditioned upon receipt of a satisfactory report from the Washington State Patrol.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name**

It is the policy of Harrison Medical Center (HaMC), to conduct background checks on all prospective employees and students, through the Identification and Criminal History Section of the Washington State Patrol. You will be provided a copy of the background check report received by HaMC within 10 days of receipt by the hospital or NWFMR.

If you are hired or provided the opportunity as a medical student, HaMC may request a Conviction Criminal History Record information report from the Washington State Patrol in addition to the background check; and may continue to request a Conviction Criminal History Record information report at any time throughout your employment, in accordance with the Washington State Criminal Records Privacy act (RCW 10.97), which says that conviction records may be disseminated without restriction because they are public information.

**If you need an adaptive aid or assistance to complete this form, please tell a member of the Human Resources Staff. Thank you.**