



PURSUANT TO THE REQUIREMENTS OF RCW 43.43.830, WE MUST ASK YOU TO COMPLETE THE FOLLOWING DISCLOSURE STATEMENT. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Have you ever been convicted of any of the following crimes against persons?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder	<input type="checkbox"/>	<input type="checkbox"/>	First Degree Burglary
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Murder	<input type="checkbox"/>	<input type="checkbox"/>	Indecent Liberties
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular Homicide
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault of a Child	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape	<input type="checkbox"/>	<input type="checkbox"/>	Simple Assault
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape of a Child	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Minors
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Custodial Sexual Misconduct
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Felony Indecent Exposure
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Criminal Mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse or Neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Child Molestation
<input type="checkbox"/>	<input type="checkbox"/>	Endangerment with a controlled substance	<input type="checkbox"/>	<input type="checkbox"/>	First or Second or Third Degree Sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Assault	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Juvenile Prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	First Degree promoting prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Pornography
<input type="checkbox"/>	<input type="checkbox"/>	Communications with a minor	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Arson	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
			<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed.

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has functional, mental, or physical inability to care for himself or herself or is a patient in a state hospital?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Forgery
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third Degree Theft			

If your answer is "yes" to any of the above, 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 to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes No

2. Have you ever been found in a court in a domestic relations proceeding to have physically abused or exploited any minor or to have physically abused any minor? Yes No

3. 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? Yes No

4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? Yes No

5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? Yes No

If your answer is "yes" to any of questions 1 through 5 above, please describe and provide the date(s) of the finding(s) and penalty(ies) imposed.

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudication of child abuse, and disciplinary board final decisions. **YOUR AFFILIATION WILL BE CONDITIONED UPON THE SATISFACTORY OUTCOME OF BACKGROUND CHECKS AS DESCRIBED BELOW.**

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am accepted into a clinical internship, I can be discharged for any misrepresentation or omission in the above statement. I also understand that any employment or internship is conditioned on the successful completion of the following: professional references, background investigations including but not limited to: Licensure, Criminal History, Social Security Verification, Governmental Sanction Checks and required drug screens.

Signature _____ Date _____
 Name (print) _____



WASHINGTON STATE PATROL
 Identification and Criminal History Section

PLEASE COMPLETE THE FORM BELOW.

REQUEST FOR **CONVICTION CRIMINAL HISTORY RECORD** INFORMATION FROM THE WSP. **(RCW 10.97)**

SUBJECT INFORMATION: Please print clearly

Applicants
 Name: _____
Last First Middle

Alias/Maiden
 Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year