

**HEALTH SCIENCES, EDUCATION AND WELLNESS INSTITUTE
HEALTH CARE PROGRAMS**

DISCLOSURE STATEMENT FOR BACKGROUND CHECK

Most clinical training sites for students in all Bellevue College Health Care Programs require satisfactory completion of a national criminal background check prior to placement of any student at a clinical site. This background check includes a comprehensive criminal history check.

Participation at a clinical site requires that you obtain your criminal background check, otherwise we cannot place you at a clinical site. There are certain convictions that may prevent you from participating at a clinical site, for example, evidence of a criminal history of child or adult abuse. If you are not able to participate at a clinical site, please be advised that you may not be able to graduate in your health care program.

It is also necessary to verify that you are not on the federal list of excluded providers, which may include, but is not limited to individuals convicted of fraud or patient abuse within the Medicare/Medicaid system. Students are responsible for any fees that may be associated with obtaining a criminal background check.

Please complete the following:

Have you ever been:		
(a) convicted of any crime against children or other persons;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) convicted of crimes related to drugs as defined in RCW 43.43.830;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) 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;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disable person or to have abused or financially exploited any vulnerable adult;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(g) found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h) had findings made against you in any civil adjudication proceeding relating to domestic violence, abuse, sexual abuse, neglect, exploitation, or financial exploitation of a child or vulnerable adult? A "civil adjudicative proceeding" is any judicial or administrative proceeding, including findings by DSHS or the Department of Health that you did not appeal."	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i) been convicted of fraud or patient abuse in relation to any federal program, such as Medicare, Medicaid, or federal block grant programs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Your signature on this form verifies that you have read the above information and that you agree to pay for and obtain the national criminal background check required by health care agencies. You further agree to immediately notify your instructor should you have a change in status regarding any item in (a) through (i) above.

I declare under penalty of perjury that the information I provided above is true and correct.

Student Name (print): _____

Student Signature: _____

Date: _____

RETURN THIS FORM TO YOUR HEALTH CARE PROGRAM. THANK YOU.