



CREDENTIALING

Subject: Criminal History Information Child/Adult Abuse Information Act – RCW 43.43.830 – 43.43.842
Disclosure and Authorization Notice

Date: Revised on 10/14/03

A background check is a process to research a person's criminal record. A background check may also include information about state findings of abuse, neglect, or exploitation, out-of-state convictions, disciplinary board action, and civil action related to abuse and neglect.

Washington State law requires that children and vulnerable adults receiving services licensed by the state be protected from the possibility of criminal activity by caregivers who have been convicted of certain crimes. The laws affecting licensed facilities require that anyone with unsupervised access to vulnerable adults have a criminal background check, including but not limited to, employees, volunteers, owners, administrators, student interns, *contract employees from a nursing agency*, dental hygienists, barbers, x-ray technicians and any person who is not a resident who lives in a licensed facility.

Please mark an X or Checkmark in the Yes or No column to indicate your answers.

QUESTIONS		Yes	No
1.	Have you ever been found to have neglected or sexually abused or exploited any minor or adult person by any court, state licensing board, disciplinary board or dependency action? If yes give details reverse side.		
2.	Has a court issued an order of protection against you for abuse or exploitation? If yes, give details reverse side.		
3.	Has it been determined by any state agency or department that you have abused, neglected or exploited anyone? If yes, give name of state and agency reverse side.		
4.	Have you ever had a license to care for children or adults denied, revoked, or suspended? If yes, give details reverse side.		
5.	Convicted of crimes related to drugs as defined in RCW 43.43.830		

I understand that, if any of the information provided above is found to be false, it may result in the loss of my employment. This document is signed and sworn to under penalty of perjury. I certify that the above information is true and correct. My signature below authorizes Promed Agency to obtain conviction records from the Washington State Patrol and to obtain licensing information from Washington Nurse Assistant OBRA Registry which shows license or certification status and findings of abuse, neglect, or exploitation of vulnerable adults. I understand that the results of this background check will be released to Promed Agency's client facilities as part of the credentialing process.

Print Name

Signature

Date