

[Supplemental Form Appendix C Criminal/Conviction History OTA program](#)

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Attention Melissa Porras-Monroe, OTA Application

Conviction/Criminal History Disclosure Form

This form must be completed to be considered for Health Sciences Programs admission and continuation

Health Sciences Programs review conviction/criminal history records when considering individual for admission and continuation. These reviews are carried out because they relate to the essential qualifications of potential and continuing students under the Program's curriculum standards, as well as to the safety and security of patients and public. The Washington State Child and Adult Abuse Information Law RCW 43.43.830-842, requires that anyone with unsupervised access to certain vulnerable populations be screened for specific information about any convictions for crimes against persons and crimes relating to financial exploitations, and for findings in related actions and proceedings. Health Sciences Programs involve unsupervised access to populations defined by this law. In addition, certain criminal convictions and certain court administrative determinations may preclude completion of the clinical portion of the curriculum. Clinical training sites are precluded by law from allowing persons with certain convictions histories to have unsupervised access to these vulnerable populations. Contracts with clinical training sites require Health Sciences Programs to assure that its students have been screened.

Conviction information, including information regarding certain court and administrative determinations, must be disclosed and verified before an applicant or student can be considered for enrollment or continuation in the Program. A conviction/criminal history record does not necessarily disqualify an individual from admission or continuation. Conviction/criminal history records must be verified through a private national background check agency specified by the program. Admission and/or continued enrollment is subject to a satisfactory background check review. Individuals who do not sign this Conviction/Criminal History Disclosure Form will not be considered for admission or continuation. Questions about the use of conviction/criminal history information may be referred to the Program Director/Coordinator or Dean of Nursing, Health Sciences and Education.

First Name: Sharaya		Last Name: Coe	SID: 202518857
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I. CRIMES AGAINST PERSONS AND CRIME RELATING TO FINANCIAL EXPLOITATION

Have you ever been convicted of any of the following crimes? If YES , please check all that apply and provide detailed information in section VI.	Yes No X
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X	Arson (1 st Degree)	X	Custodial Interference (1 st , 2 nd Degree)	X	Prostitution
X	Assault (Custodial)	X	Extortion (1 st , 2 nd , 3 rd Degree)	X	Promoting Prostitution (1 st Degree)
X	Assault (Simple or 4 th Degree)	X	Forgery	X	Rape (1 st , 2 nd , 3 rd Degree)
X	Assault (1 st , 2 nd , 3 rd Degree)	X	Incest	X	Rape of a Child (1 st , 2 nd , 3 rd Degree)
X	Assault of a child (1 st , 2 nd , 3 rd Degree)	X	Indecent Exposure (Felony)	X	Robbery (1 st , 2 nd Degree)
X	Burglary (1 st degree)	X	Indecent Liberties	X	Selling/Distributing Erotic Material to a Minor
X	Child Abandonment	X	Kidnapping (1 st , 2 nd Degree)	X	Sexual Exploitation of a Minor
X	Child Abuse or Neglect (RCW 26.44.020)	X	Malicious Harassment	X	Sexual Misconduct with a Minor
X	Child Buying or Selling	X	Manslaughter (1 st , 2 nd Degree)	X	Theft (1 st , 2 nd , 3 rd Degree)
X	Child Molestation (1 st , 2 nd , 3 rd Degree)	X	Murder (Aggravated)	X	Unlawful Imprisonment
X	Communication with a Minor	X	Murder (1 st , 2 nd Degree)	X	Vehicle Homicide
X	Criminal Abandonment	X	Patronizing a Juvenile Prostitute	X	Violation of Child Abuse Restraining Order
X	Criminal Mistreatment (1 st , 2 nd Degree)	X	Promoting Pornography	X	Or Any of These Crime That May Have Been Renamed

II. RELATED PROCEEDINGS

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding 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? If YES, please provide detailed information in Section VI.	Yes No X
No	If YES, please provide detailed information in Section VI.

III.DRUG-RELATED CRIMES

Have you ever been convicted of a crime related to the manufacture of, delivery, or possession with intent to manufacture or deliver a controlled substance? No	Yes X NoX If YES, please provide detailed information in Section VI.
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IV.MEDICARE FRAUD-RELATED CRIMES

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs? No	Yes X NoX If YES, please provide detailed information in Section VI.
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V.HEALTH CARE LICENSURE

Have you ever had your license as a health care practitioner revoked? No	Yes X No X If YES, please provide detailed information in Section VI.
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VI.FOR ALL ITEMS CHECKED IN SECTIONS I – V, PLEASE SPECIFY:

1. The specific details including the court or agency involved
2. Conviction or action date(s)
3. Sentence(s) or penalty(ies) imposed
4. Prison release date(s)
5. Current standing (e.g. parole, work release, suspended license, etc.)

Please use other side of page if necessary

VII.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? If YES, please indicate all conviction dates, prison release date(s) and the nature of the offense(s). Please use other side of page if necessary.	Yes NoX
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No X

Under penalty of perjury, I certify that the above information is true, correct and complete. I understand that I am obligated to notify the program within 30 days, in writing, of if I am convicted of any crime or if any of the specified court or administrative determinations are made against me during the application period and/or while enrolled as a student. I understand that any misrepresentation or omission in the above-stated information may lead to denial of admission or dismissal. I understand and agree that the Green River Community College Health Sciences may verify this information through a private national background records verification agency. I also understand and agree that admission and continuation is conditioned on the Program's receipt of a satisfactory background check report from the agency.

Authorization for Repeat Background Checks and Dissemination of Results:

I agree to initiate, pay for and provide the Green River Community College with repeat background check every year from the date of my admission to the Program. I authorize dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites as deemed necessary by the Program during the completion of my academic program. I understand that the program will provide the records listed above only with the condition that the receiving party or parties will be notified by the Program that they may not disclose the information to other parties, in a personally-identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. I further understand that any statements that I have placed in my records commenting on consented information contained in the records listed above will be released along with the records to which they relate.

Signature Sharaya Coe	Sharaya Coe	Date 05/06/24	
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Green River College has made reasonable efforts to provide information that is accurate at the time of publication. However, the college reserves the right to make appropriate changes in procedures, policies, calendars, requirements, program, courses and fees. When feasible, changes will be announced prior to their effective dates, but the college assumes no responsibility for giving any particular notice of such changes. Nothing herein shall be construed to create any offer to contract or contractual rights.