

University of Washington School of Medicine

Required Background Check for Admission and Continuation  
Request for Criminal History Information

**Self-Disclosure, Consent, and Release of Information**

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The Washington State Child and Adult Abuse Information Act (RCW 43.43.830 through 43.43.845) requires that certain individuals who have access to children under sixteen years of age, developmentally disabled persons, and vulnerable adults, disclose criminal history information. This criminal history information includes certain crimes against children and other persons, related to abuse of these populations, and crimes relating to financial exploitation. They do not include offenses such as traffic violations. In addition, the law includes requirements for background checks through the Washington State Patrol (WSP) concerning these crimes and offenses.

The University of Washington School of Medicine (UWSOM) medical degree requirements include rotations at clinical training sites that require a WSP and other background check information. Admission to the UWSOM is contingent upon satisfactory completion of this and other criminal background checks. Additional background checks will be done every two years to remain compliant with UWSOM policy.

Certiphi Screening Inc. is requesting the WSP check on the UWSOM's behalf. **Please complete this Self-Disclosure, Consent, and Release form and return to the UWSOM Office of Academic Affairs.** A copy of the WSP response will be available to you through Verified Credentials Inc.

**Consent and Release of Criminal Background Check**

I authorize background checks, including any repeat checks as necessary, through Verified Credentials, Inc. and the Washington State Patrol, that are necessary for my admission and continuation in the University of Washington School of Medicine. I authorize the release of my self-disclosure information all background check results and any information provided by me related to the background checks, to the University of Washington School of Medicine and to clinical training sites, whether in or outside the state of Washington, as deemed necessary by the School of Medicine.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please select:

- Newly Accepted UWSOM Student
- Current UWSOM Student
- Visiting Student

**CRIMINAL HISTORY INFORMATION – SELF DISCLOSURE**

Name: \_\_\_\_\_  
(please print) Last First MI

Date of Birth: \_\_\_\_\_

**For the questions below, please circle either ‘yes’ or ‘no.’**

Have you ever been convicted in any jurisdiction of any of the following crimes?

Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

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.

No

Yes If yes, specify and explain \_\_\_\_\_  
\_\_\_\_\_

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 any minor?

No

Yes If yes, specify and explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?

No

Yes If yes, specify and explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?

No

Yes If yes, specify and explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

No

Yes

If yes, specify and explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify, under penalty of perjury, that the statements above are true and correct. I understand that if any of the above statements is found to be false, it may result in my offer of admission being rescinded or dismissal from the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Electronically signed forms can be sent to the SOM via your UW email to [somcompl@uw.edu](mailto:somcompl@uw.edu) as a pdf file*

*File naming protocol: last name\_first name\_WSP consent.pdf*

*\*I understand and agree that an electronic signature is deemed to be a legally binding equivalent of a traditional handwritten signature and that, by signing the document in this way, I acknowledge that I have read, understand and agree to the terms stated in the document.\**

**Please mail, fax or email**

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Office of Academic Affairs  
Attn: Laura Ellis  
1959 NE Pacific Street, Suite A-300  
Box 356340  
Seattle, WA 98195-6340

Phone: (206) 543-5560  
Fax: (206) 543-9052

UW Students email to: [SOMcompl@uw.edu](mailto:SOMcompl@uw.edu)  
Visiting Students: upload this form to VSAS supplemental documents