



**Reviewed by program director**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Allied Health and Nursing**

**Allied Health and Nursing Student Application Packet**

Program:    EMT            MA            MLT            ADN (NURS) 1<sup>st</sup>y            or    2<sup>nd</sup> y            PHARMT            RADT

                                                                                                  

Campus:    Wenatchee        Omak        Online (MLT Only)   

**PERSONAL INFORMATION FORM**  
(Please print legibly)

Student Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(First, Middle, Last)

WVC Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

**Part I: General Information**

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ City: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

In case of Emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Ethnic Origin - Required information for federal/state statistical reporting on the annual nursing report.**

<input type="checkbox"/>	Alaskan Native or American Indian	<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	Black/African America	<input type="checkbox"/>	Cuban
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Another Spanish/Hispanic/Latino
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	White
<input type="checkbox"/>	Korean	<input type="checkbox"/>	Other Asian or Pacific Islander
<input type="checkbox"/>	Mexican, Mexican American, Chicano	<input type="checkbox"/>	Other

**Part II: Health History**

Date of last health examination: \_\_\_\_\_

Name of healthcare provider: \_\_\_\_\_ (Optional)

Please identify any health conditions/illnesses or injuries that required medical treatment and check all that apply.

<input type="checkbox"/>	Heart Defect/Disease
<input type="checkbox"/>	Hypertension
<input type="checkbox"/>	Asthma or other respiratory condition
<input type="checkbox"/>	Diabetes or other endocrine condition
<input type="checkbox"/>	Seizure Disorder
<input type="checkbox"/>	Neurological problem
<input type="checkbox"/>	Bleeding or clotting disorder

<input type="checkbox"/>	Musculoskeletal problem/condition
<input type="checkbox"/>	Any infection within last year
<input type="checkbox"/>	Any traumatic injury within last year
<input type="checkbox"/>	Mental and/or emotional condition
<input type="checkbox"/>	Substance abuse
<input type="checkbox"/>	Other
<input type="checkbox"/>	

• Further explanation of any items that are checked: \_\_\_\_\_

• Do you have any allergies? If YES, please specify: \_\_\_\_\_

• Please list all medications that you take regularly: \_\_\_\_\_

**Part III: Statement of ability to function as a student in an Allied Health and Nursing program.**

Do you have a visual impairment? If so, is it corrected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a hearing impairment? If so, is it corrected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you lift to 50 lbs.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you carry up to 20 lbs.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you sit for 4 hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you stand and/or walk unassisted? For up to 12 hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you use both hands?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please rate your ability to cope with stressful situations

I am able to cope with stress  Always  Usually  Not Always  Seldom

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

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

***Please feel free to provide more information on an additional sheet.***

**IMMUNIZATION RECORDS AND MEDICAL DOCUMENT MANAGER**

Documentation of student immunization status is essential to ensure the health and safety of students and the patients/clients/residents in healthcare agencies that provide clinical learning experiences. It is the student's responsibility to ensure that adequate documentation of the listed requirements is loaded in the Medical Document Manager.

Lack of compliance with any of these requirements will prevent a student from entering the clinical area and completing his/her clinical training. Subsequent updates require that the student submit documentation with the Document Manager. Lapses in renewal or updating of required immunizations, PPD testing, and CPR training during the program will prevent a student from entering the clinical area and will jeopardize the student's enrollment in the program.

**All requirements will be loaded into the Medical Document Manager called Complio®**

<http://www.wenatcheevalleycompliance.com/>

Once you have purchased your package with the package code, you will be directed to set up your Complio® account. From this account you will load your documentation into the Medical Documentation Manager.

**Drug Screen, Background Check, and immunization tracker packages are required for all Allied Health and Nursing Programs.**

Select one Wenatchee, Omak or other- **Your total fee should be \$123.00\***

\*Note: Additional last names and/or choosing "other" could make the total fee be different.

**COMPLIO questions?**

American Databank is always happy to help. You may call or email questions or concerns about your Complio account by contacting the following:

**Email:** [complio@americandatabank.com](mailto:complio@americandatabank.com) **OR Phone:** (800) 200-0853

**Live service:** Monday-Friday, 7am-6pm (MT), Sat 8:00am - 5:00pm (MT)

**Complio® DRUG SCREEN**

Students must provide results of a standard, ten-panel drug screen, either urine-based or oral swab, dated **not** more than forty-five (45) days prior to the beginning of the Program.

WVC has chosen Complio® as an approved source for drug screening. After students have set up their Complio® account, they must:

- Have a Chain of Custody form (COC), which will come in the mail from Complio® to the student after purchase of the drug screen.
- Take the COC to Confluence Health (either the Wenatchee Valley Clinic or the Omak Clinic) and provide the sample.
- Refrain from consuming large amounts of liquids just prior to the test.
- If you choose "other" you will select a Quest lab in your area. A chain of custody form will be emailed to you with instructions for the Quest lab.
- Results will be forwarded by the collection site or the clinic to Complio®.

**If you are in Omak area, choose Omak Clinic**

916 Koala Ave.

Omak, WA 98841 (509) 826-1800

Must have paper Chain of Custody Form (form is sent to your mailing address) Collection Fee - \$23.84

Collection dates: Tuesday, Wednesday and Thursday 9am-2:30 (by appointment only)

**If you are in Wenatchee area, choose Confluence Health Occupational Medicine**

317 N. Mission Street, Suite 200

Wenatchee, WA 98801

(509) 436-4009

Must have paper Chain of Custody Form (form is sent to your mailing address)

Collection Fee - \$26.00

Collections M-F 8am-3pm - Walk-in allowed

**If you are not in Omak or Wenatchee area and there is a Quest lab in your area, choose: Other**

If you choose: OTHER- you will be **emailed** a Chain of Custody form.

Your drug screen will be done at a Quest lab that you choose- **they are not in the Omak or Wenatchee area.**

**Complio® BACKGROUND CHECK 7-Year National Background Check (Required for all Programs)**

Washington State law (RCW 43.43.832) permits businesses or organizations that provide services to children, vulnerable adults, or developmentally disabled persons to request criminal history records. Facilities used for clinical work experience require clearance prior to the student being allowed to work in the facility. Prior to beginning any clinical work experience, a criminal record check (Complio®) is required of all students accepted into the health science programs at WVC, dated **not** more than forty-five (45) days prior to the beginning of the Program. The forms and instructions to initiate these background checks are included in this information packet. Students should note that facilities might require certain background checks. DSHS background checks might be requested at certain facilities. Clinical sites can request a background check to be repeated.

**Students need to be aware that conviction of certain crimes may prevent completion of the clinical course requirements of the Program and may also prevent future licensing and employment in the health field.**

<http://www.wenatcheevalleycompliance.com>.

**The background check cannot be dated more than 45 days before the start of the program.**

**DSHS BACKGROUND CHECK (Nursing and EMT Programs Only)**

DSHS background check (Washington State background check). Please provide the confirmation page and your date of birth with this packet Order it at: <https://fortress.wa.gov/dshs/bcs>.

**HEPATITIS B VACCINE (complete series of 2, 3 or 4 injections)  
or positive titer with lab documentation**

Students must have the first and second injections prior to entering the Program. Adults getting Hepatitis B vaccine should get two, three or four doses, depending on the condition. Your healthcare provider can tell you about other dosing schedules that might be used in certain circumstances. Positive titer (blood test) is acceptable. CDC Guidelines recommend titer verification after one month of completion of Hepatitis B series.

**TWO MMR (Measles, Mumps, Rubella) VACCINES  
or positive titer with lab documentation**

Students must provide presumptive evidence of immunity to measles, rubella, and mumps. Presumptive evidence includes documented administration of two doses of live virus vaccine or positive titers (blood test for immunity of Mumps, Rubella and Rubeola-lab reports for all three required).

**TETANUS/DIPHTHERIA/PERTUSSIS (Tdap) IMMUNIZATION**

Students must have had a Tetanus/Diphtheria/ Pertussis injection, or booster, within the last ten (10) years. The immunization must be a Tdap, which includes pertussis; Td will not be accepted as the Tdap vaccine.

**TWO CHICKENPOX (VARICELLA) VACCINES or positive titer with lab documentation**

Students must have had two (2) Chickenpox injections or a positive Varicella titer (blood test for immunity-lab reports required).

**TUBERCULOSIS: TWO-STEP PPD or QuantiFERON® TB Gold Test (Read this part carefully)**

An initial negative two-step PPD is required, which means that two (2) separate tuberculin skin tests have been placed one (1) to three (3) weeks apart. Each test is read 48 to 72 hours after it has been placed. **This requires four (4) visits to your healthcare provider.** Documentation must show the dates and results of the tests. Students should not get any other vaccination with the first PPD. Tuberculin **skin tests are required each year** and must be placed and read within one year following the initial two-step PPD (annual re-test before expiration).

Students with a positive PPD must provide documentation of a chest x-ray, treatment (if necessary), and a release to work in a healthcare setting from a doctor or healthcare provider.

As some facilities now utilize the QuantiFERON® TB Gold Test in place of the PPD, WVC will accept this method. This does not require a two-step initial skin test; however, the test must be performed annually.

**If the student goes back to the PPD the year after having had the QuantiFERON® TB Fold, the two-step process is required.**

**Official documentation is required:** Each record must be on the healthcare provider's letterhead, have the student's name, the date of immunization, the signature of the person administering the immunization, and the lot number of the vaccine administered.

**PPD Two-Step Skin-Test Timeline for Tuberculosis:**

<u>See Healthcare Provider:</u>	<u>Action:</u>	<u>Time Interval:</u>
First appointment	Initial injection	
Second appointment	Read results	48 to 72 hours from date/ time of injection; cannot be prior to 48 hours or later than 72 hours.
Third appointment	Second injection	One to three weeks after initial injection; cannot be less than one week or more than three weeks.
Fourth appointment	Read results	48 to 72 hours from date/ time of injection; cannot be prior to 48 hours or later than 72 hours.

**FLU VACCINE**

Depending on the availability of flu vaccine, each student is required to be vaccinated by the announced date, typically the end of September and before December each year. Leave the field blank in Complio® until required.

**COVID-19 VACCINE**

**COVID-19 vaccination is highly encouraged.** A field is available for the COVID vaccine Complio® for proof of vaccine. Fully vaccinated means 2 weeks after the single dose Johnson and Johnson vaccine or 2 weeks after the second dose of Pfizer or Moderna vaccines. If you are just starting your vaccination series, this could mean a 2 to 5 week waiting period before your vaccination series is complete and you are considered fully vaccinated. **Covid vaccination is required for some clinical sites used in the Nursing program.**

**CPR FOR HEALTHCARE PROVIDERS CARD**

**CPR FOR HEALTH CARE PROVIDERS.** Students are required to maintain CPR Certification for Healthcare Providers (Basic Life Support or BLS); the card must be renewed every two years. The CPR card must be issued by a person or facility qualified specifically to instruct CPR for *healthcare providers* (i.e., American Heart Association, American Red Cross, Central Washington Hospital [662.1511], the WVC Health 051 class). Online classes will not be accepted. Face-to-face skills testing is required.

**REMINDER: Keep your original documents for your personal records.**

**Note: Wenatchee Valley College reserves the right to add to or modify these requirements as needed.**

### HEALTH CARE PROVIDER STATEMENT/MEDICAL RELEASE

Prior to entrance into a Health Sciences program, a medical release must be completed by your health care provider. If at any time during the program, your health status changes, you must have your health care provider complete the medical release form.

All Allied Health and Nursing students must be physically, emotionally, and academically able to safely demonstrate completion of all required learning activities. Learning activities include successful completion of courses, clinical, and theory objectives to successfully complete the curriculum. All students must submit the health care provider statement or medical release, medical history, and student physical ability requirements. Allied Health students will be treated respectfully regardless of race, color, national origin, gender, age, religion, or disability. In turn, Allied Health students will treat their clients respectfully regardless of race, color, national origin, gender, age, religion, or disability. Wenatchee Valley College provides reasonable accommodation and services to otherwise qualified students who are physically and learning disabled unless making the accommodation poses an undue hardship on the college or jeopardizes client safety.

Allied Health students will be in clinical courses, requiring the safe application of both gross and fine motor skills, as well as critical thinking skills. All these skills are inherent elements of clinical practice. Usual and required activities routinely conducted by students include care for clients that range from ambulatory to comatose and involve all age ranges from premature infants to gerontology clients. There always exists potential exposure to communicable diseases and other pathogens.

**STUDENT INSTRUCTIONS:** I understand the student academic role and clinical performance requirements and agree that I have the primary responsibility of my own health status. I agree that I will not knowingly place myself, clients or others in unsafe situations based upon my physical, mental, or emotional limitations. I have completed and signed the physical abilities requirements form. I authorize my health care provider to release to Wenatchee Valley College Allied Health Programs the information requested below concerning my health status. If I am not truthful or falsify the health policy documents, I understand I will be withdrawn from the Program.

<b>Printed name of student:</b>	
<b>Signature of student:</b>	<b>Date:</b>

**Health Care Provider Instructions:** Please **complete the following questions** with the understanding of the academic role and clinical performance requirements of Allied Health and Nursing students. Please do not attach any medical records.

1. Does the student have any limitations identified on the medical history questionnaire or disabilities that would interfere with the performance of the academic or clinical requirements specified above on this form? If yes, specify.
2. (Skip if #1 is No) Based upon question #1, what special accommodations are medically necessary to assist the student with academic and clinical performance?
3. (Skip if #1 is No) State any instructions or limitations with which the student has been advised to comply.

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**Signature of Health Provider (Credentials)** **Date**

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**Print Name of Health Care Provide** Address City State ZIP

Note: The signatures of both the student and health care provider are required for admission. The names and information must be legible to be accepted. Illegible documents will be returned to the student. Office (509) 682-6660/ Fax (509) 682-6661.

### MEDICAL HISTORY QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                        Last                        First                        Middle  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Check either yes or no; give details of a “yes” answer in section B that follows. ***Being untruthful or withholding information will result in dismissal from the Allied Health Program.***

Have you ever been treated for conditions or had indications of:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problems			15. Skin rashes or eczema		
2. High blood pressure			16. Fainting or dizziness		
3. Tuberculosis or lung disease			17. Head injury		
4. Asthma			18. Convulsions/Seizures		
5. Diabetes			19. Varicose veins		
6. Emphysema			20. Kidney/bladder problems		
7. Epilepsy or seizure disorder			21. Allergies		
8. Arthritis/Rheumatism/Bursitis			22. Hemorrhoids		
9. Disease or pain of bones/joints			23. Hepatitis		
10. Ear problems			24. Psychiatric problems		
11. Muscle spasms			25. History of substance abuse		
12. Reaction to medications			26. Anemia/blood disorders		
13. Reaction to chemicals			27. Heart problems		
14. Neck, shoulder, or back problems					

2. List below full details to questions answered “YES” in Section 1, above. Use a separate sheet of paper if needed. A medical release for any of the above will be required for admission. Any other conditions will be considered individually and require a medical release.

Question #	Condition/Treatment/Management	Date

3. Do you take medicine regularly?    Yes     No     If yes, list all prescribed and over the counter or herbal medications and reason for taking (use a separate sheet if needed).

### PHYSICAL ABILITIES REQUIREMENTS

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

Mark each of the following abilities you are able to do either <b>R: Regularly</b> or <b>O: Occasionally</b>			
Abilities	R	O	Measurable Descriptor
Vision: Corrected or Normal			Ability to read syringes, labels, instructions, and equipment
Color Vision			Color coded equipment
Hearing			Ability to hear through some equipment and noisy environments
Touch Temperature Discrimination			Palpation pulses & discriminate temperature & sensation; Use equipment requiring fine motor skills
Smell			Differentiate body odors, drainage, skin, and stool odor
Finger Dexterity			Manipulation of equipment, dressings, IV and other functions requiring finger dexterity; assessment
Intelligible oral communication			Communication with clients, staff members, peers and faculty
Appropriate non-verbal communication			Therapeutic communication with client, rapport and trust with client and health care team
Pushing			Lbs/ft: 100, equipment, carts with and without clients
Pulling			Lbs/ft: 50, equipment, and client carts
Lifting			Lbs/ft: 50, clients, equipment, and supplies
Floor to waist			Lbs 75: 3 man lift of patients
Reaching forward			Moving clients and equipment
Carrying			Lbs 50
Standing and Walking			Long periods, up to eight hours
Sitting			Infrequent and short periods, break and lunch
Stooping/Bending			Infrequent and short periods; adjusting equipment
Kneeling/Crouching			Infrequent and short periods; adjusting equipment
Running			Infrequent, emergency situations
Crawling			Short periods, emergency, adjusting equipment
Climbing			Infrequent, patient care activities
Stairs (ascending/descending)			Infrequent, emergency situations
Turning (head/neck/waist)			Frequent extended periods; may position for long periods
Repetitive arm movement			Keyboards/Computer
<b>R: Regularly      O: Occasionally</b>			

I have read, understand, and accept the above working conditions expected of an Allied Health student in the academic and clinical setting and certify that I am able to meet these requirements.

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

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



### STUDENT HEALTH STATEMENT/MEDICAL RELEASE FORM

*Prior to entrance into a Health Sciences program, a medical release must be completed by your health care provider. If at any time during the program, your health status changes, you must have your health care provider complete the medical release form.*

All Allied Health and Nursing students must be physically, emotionally, and academically able to safely demonstrate completion of all required learning activities. Learning activities include successful completion of courses, clinical, and theory objectives to successfully complete the curriculum. Allied Health students will be treated in their academic opportunities and in turn treat their clients respectfully regardless of race, color, national origin, gender, age, religion, or disability. Wenatchee Valley College provides reasonable accommodation and services to otherwise qualified students who are physically and learning disabled unless making the accommodation poses an undue hardship on the college or jeopardizes client safety.

Allied Health and Nursing students will be in clinical courses, requiring the safe application of both gross and fine motor skills, as well as critical thinking skills. All these skills are inherent elements of practice. Usual and required activities routinely conducted by students include care for clients that may be ambulatory or comatose and involves all age ranges from premature infants to gerontology clients. Required abilities are walking, standing for up to eight hours, bending, reaching, turning, listening, observation, and moderate to heavy lifting (at least 50 pounds). There always exists potential exposure to communicable diseases and other pathogens.

STUDENT INSTRUCTIONS: I understand the student academic role and clinical performance requirements and agree that I have the primary responsibility of my own health status. I agree that I will not knowingly place myself, clients, or others in unsafe situations based upon my physical, mental, or emotional limitations. I have completed and signed the physical abilities requirements form. I authorize my health care provider to release to Wenatchee Valley College Allied Health and Nursing Programs the information requested below concerning my health status.

**Printed name of student:**

**Signature of student:**

**Date:**

*Note: This form with the student's signature is required prior to return to clinical following absence due to health problems or changes in health status. The faculty reserves the right to request the student to complete a student health statement in the event the student demonstrates evidence of clinical performance affected by physical, emotional, or mental limitations.*

<b>Office Use Only</b>	
Date and Time Received:	
Program Director:	Clinical Site:
Comments:	
Approval for class/clinical: <input type="checkbox"/> Yes <input type="checkbox"/> No	Program Director Signature:

**STUDENT DISCLOSURE FORM**

1. Have you ever been convicted of a crime?  
Yes  No  Initials: \_\_\_\_\_

**Students need to be aware that conviction of certain crimes may prevent completion of the clinical course requirements of the Program and may also prevent future licensing and employment in the health field.**

If yes, please list the conviction(s) and the degree(s):

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2. Are you aware that you must provide background checks through Complio® and DSHS for certain programs?  
Yes  No  Initials: \_\_\_\_\_
3. Do you have charges (pending) against you for any crime?  
Yes  No  Initials: \_\_\_\_\_
4. Do you understand that some criminal convictions may prevent you from completing a program of study?  
Yes  No  Initials: \_\_\_\_\_
5. Do you understand that you need to provide documentation of specified immunizations or evidence of immunity to specified diseases to participate in Allied Health programs?  
Yes  No  Initials: \_\_\_\_\_
6. Are you aware that you must provide a negative drug screen for Allied Health and Nursing programs?  
Yes  No  Initials: \_\_\_\_\_
7. Do you understand that your behavior during the time of training for a particular occupation needs to comply with both the WVC Student Code of Conduct (see the WVC Student Handbook related to your program) and the code of conduct/ethics/standards that regulate the occupation for which you will be trained?  
Yes  No  Initials: \_\_\_\_\_
8. Do you understand that by breaking the code of conduct for an occupation or the WVC Student Code of Conduct you may be subjected to disciplinary action, including suspension from the program?  
Yes  No  Initials: \_\_\_\_\_
9. Do you understand that there are procedures and policies at Wenatchee Valley College that govern student grievances and disciplinary actions?  
Yes  No  Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Printed legible)

**CHILD AND ADULT ABUSE INFORMATION ACT FORM  
DISCLOSURE PURSUANT TO RCW 43.43.834**

Answer each item. If the answer is YES to any item, indicate the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping, first, second, or third degree assault; 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; 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?

ANSWER: Yes  No  If YES, explain: \_\_\_\_\_

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third-degree theft; first or second-degree robbery, forgery?

ANSWER: Yes  No  If YES, explain: \_\_\_\_\_

3. Have you ever been found guilty in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER: Yes  No  If YES, explain: \_\_\_\_\_

4. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER: Yes  No  If YES, explain: \_\_\_\_\_

5. 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?

ANSWER: Yes  No  If YES, explain: \_\_\_\_\_

6. Have you ever been found in any protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

ANSWER: Yes  No  If YES, explain: \_\_\_\_\_

***Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.***

**YOUR SIGNATURE MUST BE WITNESSED BY A NON-FAMILY MEMBER.**

Name (Please print)	Signature	Date
Witness Name	Witness Signature	Address (City, State, ZIP)

**Title 43 RCW: State Government-Executive**

**43.43.830 Background checks-Access to children or vulnerable persons-Definitions.** Unless the context clearly requires otherwise, the definitions in this section apply throughout RCW 43.43.830 through 43.43.840.

(1) "Applicant" means:

(a) Any prospective employee who will or may have unsupervised access to children under sixteen years of age or developmentally disabled persons or vulnerable adults during the course of his or her employment or involvement with the business or organization;

(b) Any prospective volunteer who will have regularly scheduled unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults during the course of his or her employment or involvement with the business or organization under circumstances where such access will or may involve groups of (i) five or fewer children under twelve years of age, (ii) three or fewer children between twelve and sixteen years of age, (iii) developmentally disabled persons, or (iv) vulnerable adults; or

(c) Any prospective adoptive parent, as defined in RCW 26.33.020.

(2) "Business or organization" means a business or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, including school districts and educational service districts.

(3) "Civil adjudication" means a specific court finding of sexual abuse or exploitation or physical abuse in a dependency action under RCW 13.34.040 or in a domestic relations action under Title 26 RCW. In the case of vulnerable adults, civil adjudication means a specific court finding of abuse or financial exploitation in a protection proceeding under chapter 74.34 RCW. It does not include administrative proceedings. The term "civil adjudication" is further limited to court findings that identify as the perpetrator of the abuse a named individual, over the age of eighteen years, who was a party to the dependency or dissolution proceeding or was a respondent in a protection proceeding in which the finding was made and who contested the allegation of abuse or exploitation.

(4) "Conviction record" means "conviction record" information as defined in RCW 10.97.030(3) relating to a crime against children or other persons committed by either an adult or a juvenile. It does not include a conviction for an offense that has been the subject of a pardon, annulment, or other equivalent procedure based on a finding of innocence. It does include convictions for offenses for which the defendant received a deferred or suspended sentence, unless the record has been expunged according to law.

(5) "Crime against children or other persons" means a conviction of any of the following offenses: 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; or any of these crimes as they may be renamed in the future.

(6) "Crimes relating to financial exploitation" means a conviction for first, second, or third-degree extortion; first, second, or third-degree theft; first or second-degree robbery; forger; or any of these crimes as they may be renamed in the future.

(7) "Disciplinary board final decision" means any final decision issued by the disciplinary board or the director of the department of licensing for the following businesses or professions:

(a) Chiropractic;

(b) Dentistry;

(c) Dental hygiene;

(d) Massage;

(e) Midwifery;

(f) Naturopathy;

(g) Osteopathy;

(h) Physical therapy;

(i) Physicians;

(j) Practical nursing;

(k) Registered nursing;

(l) Psychology; and

(m) Real estate brokers and salesmen.

(8) "Unsupervised" means not in the presence of:

(a) Another employee or volunteer from the same business or organization as the applicant; or

(b) Any relative or guardian of any of the children or developmentally disabled person to which the applicant has access during the course of his or her employment or involvement with the business or organization.

(9) "Vulnerable adult" means a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself or a patient in a state hospital as defined in chapter 72, 23 RCW.

(10) "Financial exploitation" means the illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage.

(11) “Agency” means any person, firm, partnership, association, corporation, or facility which receives, provides services to, houses, or otherwise cares for vulnerable adults. [1992 c 145 § 16. Prior: 1990 c 146 § 8; 1990 c 3 § 1101; prior: 1989 c 334 § 1; 1989 c 90 § 1; 1987 c 486 § 1.] **Index, part headings not law-Severability-Effective Dates-Application-1990 c 3:** See RCW 18.155.900 through 18.155.902. Developmentally disabled person; RCW 41.06.475. State hospitals: RCW 72.23.035

**43.43.832 Background Checks-Disclosure of child abuse or financial exploitation activity.** (1) The legislature finds that businesses and organizations providing services to children, developmentally disabled persons, and vulnerable adults need adequate information to determine which employees or licensees to hire or engage. Therefore, the Washington state patrol criminal identification system may disclose, upon the request of a business or organizations defined in RCW 43.43.830, an applicant’s record for convictions of offenses against children or other persons, convictions for crimes relating to financial exploitation, but only if the victim was a vulnerable adult, adjudications of child abuse in a civil action, the issuance of a protection order against the respondent under chapter 74.34 RCW, and disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision. When necessary, applicants may be employed on a conditional basis pending completion of such a background investigation.

(2) The legislature also finds that the state board of education may request of the Washington state patrol criminal identification system information regarding a certificate applicant’s record for convictions under subsection (1) of this section. (3) The legislature also finds that law enforcement agencies, the office of the attorney general, prosecuting authorities, and the department of social and health services may request this same information to aid in the investigation and prosecution of child, developmentally disabled person, and vulnerable adult abuse cases and to protect children and adults from further incidents of abuse.

(4) The legislature further finds that the department of social and health services, when considering persons for state positions directly responsible for the care, supervision, or treatment of children, developmentally disabled persons, or vulnerable adults or when licensing or authorizing such person or agencies pursuant to its authority under chapter 74.15, 18.51, 18.20, or 72.23 RCW, or any later-enacted statute which purpose is to license or regulate a facility which handles vulnerable adults, must consider the information listed in subsection (1) of this section. However, when necessary, persons may be employed on a conditional basis pending completion of the background investigation. The state personnel board shall adopt rules to accomplish the purposes of this subsection as it applies to state employees. [1990 c 3 §1102. Prior: 1989 c 334 § 2; 1989 c 90 § 2; 1987 c 486 §5.] **Index, part headings not law-Severability-Effective Dates-Application-1990 c 3:** See RCW 18.155.900 through 18.155.902.

**43.43.834 Background checks by business, organization, or insurance company-Limitations-Civil liability.** (1) A business or organization shall not make an inquiry to the Washington state patrol under RCW 43.43.832 or an equivalent inquiry to a federal law enforcement agency unless the business or organization has notified the applicant who has been offered a position as an employee or volunteer, that an inquiry may be made.

(2) A business or organization shall require each applicant to disclose to the business or organization whether the applicant has been:

(a) Convicted of crimes against children or other persons;

(b) Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;

(c) 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;

(d) Found by a court in a domestic relation proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;

(e) 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; or

(f) Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

The disclosure shall be made in writing and signed by the applicant and sworn under penalty of perjury. The disclosure sheet shall specify all crimes against children or other persons and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

(3) The business or organization shall pay such reasonable fee for the records check as the state patrol may require under RCW 43.43.838.

(4) The business or organization shall notify the applicant of the state patrol’s response within ten days after receipt by the business or organization. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

(5) The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to a civil action for damages.

(6) An insurance company shall not require a business or organization to request background information on any employee before issuing a policy of insurance.

(7) The business and organization shall be immune from civil liability for failure to request background information on an applicant unless the failure to do so constitutes gross negligence. [1990 c 3 § 1103. Prior: 1989 c 334 § 3; 1989 c 90 § 3; 1987 c 486 § 3.] **Index, part headings not law-Severability-Effective Dates-Application-1990 c 3:** See RCW 18.155.900 through 18.155.902.

**43.43.836 Disclosure to individual of own record-Fee.** An individual may contact the state patrol to ascertain whether that same individual has a civil adjudication, disciplinary board final decision, or conviction record. The state patrol shall disclose such information, subject to the fee established under RCW 43.43.838. [1987 c 486 § 4.]

**43.43.838 Record Checks-Transcript of conviction record, disciplinary board decision, criminal charges, or civil adjudication-Finding of no evidence, identification document-Immunity-Rules.**

(1) After January 1, 1988, and notwithstanding any provision of RCW 43.43.700 through 43.43.810 to the contrary, the state patrol shall furnish a transcript of the conviction record, disciplinary board final decision and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision, or civil adjudication record pertaining to any person for whom the state patrol or the federal bureau of investigation has a record upon the written request of:

- (a) The subject of the inquire.
- (b) Any business or organization for the purpose of conducting evaluation under RCW 43.43.832.
- (c) The department of social and health services.
- (d) Any law enforcement agency, prosecuting authority, or the office of the attorney general; or
- (e) the department of social and health services for the purpose of meeting responsibilities set forth in chapter 74.15, 18.51, 18.20, or 72.23

RCW, or any later-enacted statute which purpose is to regulate or license a facility which handles vulnerable adults. However, access to conviction records pursuant to this subsection (1)(e) does not limit or restrict the ability of the department to obtain additional information regarding conviction records and pending charges as set forth in RCW 74.15.030(2)(b).

After processing the request, if the conviction record, disciplinary board final decision and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision, or adjudication record shows no evidence of a crime against children or other persons or, in the case of vulnerable adults, no evidence of crimes relating to financial exploitation in which the victim was a vulnerable adult, an identification declaring the showing of no evidence shall be issued within fourteen working days of the request. Possession of such identification shall satisfy future record check requirements for the applicant for a two-year period unless the prospective employee is any current school district employee who has applied for a position in another school district.

(2) The state patrol shall by rule establish fees for disseminating records under this section to recipients identified in subsection (1)(a) and (b) of this section. The state patrol shall also by rule establish fees for disseminating records in the custody of the national crime information center. The revenue from the fees shall cover, as nearly as practicable, the direct and indirect costs to the state patrol of disseminating the records; PROVIDED, That no fee shall be charged to a nonprofit organization for the records check: PROVIDED FURTHER, That in the case of record checks using fingerprints requested by school districts and educational service districts, the state patrol shall charge only for the incremental costs associated with checking fingerprints in addition to name and date of birth. Record checks requested by school districts and education service districts using only name and date of birth shall continue to be provided free of charge.

(3) No employee of the state, employee of a business or organization, or the business or organization is liable for defamation, invasion of privacy, negligence, or any other claim in connection with any lawful dissemination of information under RCW 43.43.830 through 43.43.840 or 43.43.760.

(4) Before July 26, 1987, the state patrol shall adopt rules and forms to implement this section and to provide for security and privacy of information disseminated under this section, giving first priority to the criminal justice requirements of this chapter. The rules may include requirements for users, audits of users, and other procedures to prevent use of civil adjudication record information or criminal history record information inconsistent with this chapter.

(5) Nothing in RCW 43.43.830 through 43.43.840 shall authorize and employer to make an inquiry not specifically authorized by this chapter or be construed to affect the policy of the state declared in chapter 9.96A RCW. [1992 c 159 § 7; 1990 c 3 § 1104. Prior: 1989 c 33 § 4; 1989 c 90 § 4; 1987 c 486 § 5.] **Findings-1992 c 159:** See note following RCW 28A.400.303. **Index, part headings not law- Severability-Effective Dates- Application-1990 c 3:** See RCW 18.155.902

**43.43.839 Fingerprint identification account.** The fingerprint identification account is created in the custody of the state treasurer. All receipts from incremental charges of fingerprint checks requested by school districts shall be deposited in the account. Receipts for fingerprint checks by the federal bureau of investigation may also be deposited in the account. Expenditures from the account may be used only for the cost of record checks. Only the chief of the state patrol or the chief's designee may authorize expenditures from the account. The account is subject to allotment procedures under chapter 43.88 RCW. No appropriation is required for expenditures prior to July 1, 1995. After June 30, 1995, the account shall be subject to appropriation. [1992 c 159 § 8] **Findings-1992 c 159:** See note following RCW 28A.400.303

**43.43.840 Notification of physical or sexual abuse or exploitation of child or vulnerable adult-Notification of employment termination because of crimes against persons.** (1) The supreme court shall by rule require the courts of the state to notify the state patrol of any dependency action under \*RCW 13.34.030(2)(b), domestic relations action under Title 26 RCW, or protection action under chapter 74.34 RCW, in which the court makes specific findings of physical abuse or sexual abuse or exploitation of a child or abuse or financial exploitation of a vulnerable adult.

(2) The department of licensing shall notify the state patrol of any disciplinary board final decision that includes specific findings of physical abuse or sexual abuse or exploitation of a child or abuse or financial exploitation of a vulnerable adult.

(3) When a business or an organization terminates, fires, dismisses, fails to renew the contract, or permits the resignation of an employee because of crimes against children or other persons or because of crimes relating to the financial exploitation of a vulnerable adult, and if that employee is employed in a position requiring a certificate or license issued by a licensing agency such as the state board of education, the business or organization shall notify the licensing agency of such termination of employment. [1989 c 334 § 5; 1989 c 90 § 5; 1987 c 486 § 6.] **Reviser's note:**

(1) This section was amended by 1989 c 90 § 5 and by 1989 c 334 § 5, each without reference to the other. Both amendments are incorporated in the publication of this section pursuant to RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1)

(2) Dependency actions are undertaken pursuant to RCW 13.34.040

**43.43.842 Vulnerable Adults-Additional licensing requirements for agencies providing services.** (1) the secretary of social and health services and the secretary of health shall adopt additional requirements for the licensure or relicensure of agencies or facilities which provide care and treatment to vulnerable adults. These additional requirements shall ensure that any person associated with a licensed agency or facility having direct contact with a vulnerable adult shall not have been: (a) Convicted of a crime against persons as defined in RCW 43.43.830, except as provided in this section; (b) convicted of crimes relating to financial exploitation as defined in RCW 43.43.830, except as provided in this section. © found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or (d) the subject in a protective proceeding under chapter 74.34 RCW.

(2) The rules adopted under this section shall permit the licensee to consider the criminal history of an applicant for employment in a licensed facility when the applicant has one or more convictions for a past offense and:



(a) The offense was simple assault, assault in the fourth degree, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment;

(b) The offense was prostitution, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment;

(c) The offense was theft in the third degree, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment;

(d) The offense as it may be renamed, and five or more years have passed between the most recent conviction and the date of application for employment;

(e) The offense was forgery, or the same offense as it may be renamed, and five or more years have passed between the most recent conviction and the date of application for employment.

The offenses set forth in (a) through (e) of this subsection do not automatically disqualify and applicant from employment by a licensee. Nothing in this section may be construed to require the employment of any person against a licensee's judgment.

In consultation with law enforcement personnel, the secretary of social and health services and the secretary of health shall investigate the conviction record and the protection proceeding record information under chapter 43.43.RCW of each agency or facility and its staff under their respective jurisdictions seeking licensure or relicensure. The secretaries shall use the information solely for the purpose of determining eligibility for licensure or relicensure. Criminal justice agencies shall provide the secretaries such information as they may have and that the secretaries may require for such purpose. [1992 c 104 § 1: 1989 c 334 § 11.]

**43.43.845 Crimes against children-Notification of conviction or guilty plea of school employee.** (1) Upon a guilty plea or conviction of a person of any felony crime involving the physical neglect of a child under chapter 9A.42 RCW, the physical injury or death of a child under chapter 9A.32 or 9A.36 RCW (except motor vehicle violations under chapter 46.61 RCW), sexual exploitation of a child under chapter 9.68A RCW, sexual offenses under chapter 9A.44 RCW where a minor is the victim, promoting prostitution of a minor under chapter 9A.88 RCW, or the sale or purchase of a minor child under RCW 9A.64.030, the prosecuting attorney shall determine whether the person holds a certificate or permit issued under chapters 28A.405 and 28A.410 RCW or is employed by a school district. If the person is employed by a school district or holds a certificate or permit issued under chapters 28A.405 and 28A.410 RCW, the prosecuting attorney shall notify the state patrol of such guilty pleas or convictions.

(2) When the state patrol receives information that a person who has a certificate or permit issued under chapters 28A.405 and 28A.410 RCW or is employed by a school district has pled guilty to or been convicted of one of the felony crimes under subsection (1) of this section, the state patrol shall immediately transmit that information to the superintendent of public instruction. It shall be the duty of the superintendent of public instruction to provide this information to the state board of education and the school district employing the individual who pled guilty or was convicted of the crimes identified in subsection (1) of this section. [1990 c 33 § 577; 1989 c 320 § 6.] **Purpose-Statutory References-Severability-1990 c 33:** See RCW 28A.900.100 through 28A.900.102. **Severability-1989 c 320:** See note following RCW 28A.410.090.

**STUDENT CONFIDENTIALITY STATEMENT**

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

CONFIDENTIALITY STATEMENT: I understand that, as a Nursing Assistant student at Wenatchee Valley College, I am not considered to be an employee of the clinical agency where I may participate in clinical learning experiences. I agree to abide by all Wenatchee Valley College policies, procedures, standards, and regulations that guide my conduct. I understand and agree that in the performance of my duties as a student at Wenatchee Valley College, I must hold medical information in confidence. Further, I understand that intentional or involuntary violation of confidentiality may result in punitive action, immediate termination of access to further data, and the immediate termination of my participation in any clinical learning experience at Wenatchee Valley College.

\_\_\_\_\_  
Signature of Student\_\_\_\_\_  
Date



**STUDENT RELEASE FORM**

The clinical facilities you will be scheduled in may require copies of your abuse statement, background check and immunization records. Please sign and return this form to the WVC Allied Health Department as your approval for releasing this information.

Please know that you have unlimited access to your immunization records. If you are asked by the clinical facility for your records, please log into complio.com and obtain them.

If requested by the clinical facility to which I have been assigned, you have my permission to release my abuse statement, background check, and immunization records to that clinical facility.

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

Program: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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



Community Relations / P: 509.682.6420 / F: 509.682.6401 / 1300 Fifth Street / Wenatchee, WA 98801

**PHOTO RELEASE**

Wenatchee Valley College (WVC) may take and use photographs of me or excerpts of statements I provided to be used for promotional purposes, such as college publications, the Web site, displays, video presentations, and advertisements, with the understanding that my image and statements will be used to promote WVC only. I do this willingly, expecting no compensation or gratuity of any kind from WVC.

Name: \_\_\_\_\_  
(Please print legibly)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature of individual or parent/guardian

\_\_\_\_\_  
Date

**SUBMIT THE ENTIRE PACKET AND SIGN THE FOLLOWING FORMS AS INDICATED**

	Table of Forms	Page	Required Action
1.	PERSONAL INFORMATION FORM	1-2	Complete, sign, and date <input type="checkbox"/>
2.	STUDENT IMMUNIZATION AND DOCUMENTATION REQUIREMENTS	3-5	Read and complete through Complio <a href="http://www.wenatcheevalleycompliance.com/">http://www.wenatcheevalleycompliance.com/</a> <input type="checkbox"/>
3.	DSHS BACKGROUND CHECK ( <b>Only Nursing and EMT students</b> )	4	Submit confirmation page with birthdate <a href="https://fortress.wa.gov/dshs/bcs">https://fortress.wa.gov/dshs/bcs</a> <input type="checkbox"/>
4.	HEALTH CARE PROVIDER STATEMENT/MEDICAL RELEASE	6	Complete, sign, and date by student and health provider <input type="checkbox"/>
5.	MEDICAL HISTORY QUESTIONNAIRE	7	Complete and date <input type="checkbox"/>
6.	PHYSICAL ABILITIES REQUIREMENTS	8	Complete, sign, and date <input type="checkbox"/>
7.	STUDENT HEALTH STATEMENT/MEDICAL RELEASE FORM	9	Complete, sign, and date <input type="checkbox"/>
8.	STUDENT DISCLOSURE FORM*	10	Complete, sign, and date <input type="checkbox"/>
9.	CHILD AND ADULT ABUSE INFORMATION ACT DISCLOSURE PURSUANT TO RCW 43.43.834	11-15	Sign in presence of a witness (non-family member); witness must also sign <input type="checkbox"/>
10.	STUDENT CONFIDENTIALITY STATEMENT	16	Complete and sign <input type="checkbox"/>
11.	STUDENT RELEASE FORM	17	Complete and sign <input type="checkbox"/>
12.	PHOTO RELEASE	18	Complete and sign <input type="checkbox"/>
13.	FINAL FORMS PAGE OF PACKET	19	Complete and sign <input type="checkbox"/>

*This packet must be on file in the Allied Health Office and required documentation must be submitted with the Medical Document Manager by program due date or prior to entering any Allied Health and Nursing program clinical sites.*

I certify with my signature that I have read and understand the above requirements and that the information above, and documentation submitted pertaining to me is complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Note: If student has been convicted of a crime, student must contact the Allied Health office (509-682-6660). Students need to be aware that conviction of certain crimes may prevent completion of the clinical course requirements of the Program and may also prevent future licensing and employment in the healthcare field.**