

**PLU School of Nursing – Graduate Application Addenda
WASHINGTON STATE PATROL DISCLOSURE AFFIDAVIT**

QUESTIONS RELATIVE TO THE WASHINGTON STATE PATROL CRIMINAL HISTORY FORM

Pursuant to the Revised Code of Washington (RCW 43.43.830-.845), the School of Nursing is required to ask that all applicants disclose the following information. Answering any of the following questions in the affirmative, or disclosure of any issues related to criminal history, does not exclude your application from being considered for admission into the nursing major; however, full details, (including copies of all judgments, decisions, orders, agreements and surrenders), must be furnished on a separate (8 1/2 x 11 inch) sheet of paper and sent: Attn. Admissions Coordinator, School of Nursing, Pacific Lutheran University, Tacoma, WA 98447-0029. Additional information or an interview may be requested by the Recruitment, Admission and Progression Committee or the Dean.

Have you ever been:

1. convicted of any crime against children or other persons? Yes No
2. convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? Yes No
3. 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? Yes No
4. 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? Yes No
5. 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? Yes No
6. found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? Yes No

I understand that the withholding of information, or giving false information to the questions above, in relation to RCW 43.43.830-.845, may make me ineligible for admission to the School of Nursing or, if admitted, subject to dismissal. With this in mind, I certify that the above statements are correct and complete and, if admitted, I agree to abide by all of the policies, rules and regulations of the School of Nursing. I further understand that from the time I file my application with the School of Nursing, it is my responsibility to know all the rules, requirements and exemptions from this degree program.

Printed Name:				
	Last	First	MI	
Signature:		Date:		

In order to be reviewed, the School of Nursing application must be accompanied by this *signed and dated* affidavit and a *completed and signed* Washington State Patrol Request for Criminal History Information form and attached fee (cashier's check/money order only).



WASHINGTON STATE PATROL

Identification and Criminal History Section
 PO Box 42633
 Olympia WA 98504-2633
 (360) 705-5100
<https://watch.wsp.wa.gov>

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

APPLICANT INSTRUCTIONS: Complete this form when requesting conviction criminal history record information from the identification and criminal history section.

1. Complete all areas in "Section A: Subject Information" only.
2. Attach **\$15.00 cashier's check or money order only** ****NO PERSONAL CHECKS**** made payable to "PLU School of Nursing."
3. Submit form and fee with your nursing application to PLU Admissions, Tacoma, WA 98447.
4. The PLU School of Nursing will process the request with WSP on your behalf.

Washington State Patrol forms and/or criminal history reports received otherwise are considered invalid and cannot be accepted.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Drivers Lic. Number/State _____ / _____

WSP USE ONLY

B REQUESTER INFORMATION: (Please type or print clearly)

DATE: ___/___/___ _____ PLU School of Nursing - Senior Office Assistant
Mo. Day Yr. (print) Name/Title of Requester

PHONE No. (253) 535-7672 _____

REQUESTER'S ADDRESS: (type or clearly stamp address)
 Pacific Lutheran University
 Senior Office Asst., Certification
 School of Nursing
 Tacoma, WA 98447-0029

Requesting Agency _____ Requester's Signature _____
 Name _____
 Address _____
 City _____ State _____ ZIP Code _____

Right Thumb Print (Optional)