

**MEDICAL STAFF
PROVIDENCE REGIONAL MEDICAL CENTER EVERETT**

DISCLOSURE STATEMENT

Pursuant to the requirement of 1987 Washington Laws Chapter 486, we must ask you to complete the following disclosure statement. This information will be kept confidential.

1. Have you ever been convicted of a crime against persons? (a crime against persons includes 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 rape; first, second or their degree statutory rape; 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; or any of these crimes as they may be renamed in the future).
- Yes No

If your answer is "yes", please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

2. Have you ever been found in a:
- (a) Dependency Action,
 - (b) Domestic relations proceeding, or
 - (c) Disciplinary board final decision

to have sexually assaulted or exploited a minor, or to have sexually abused a minor?

Yes No

If your answer is "yes", please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

*A request will be made from the Washington State Patrol criminal identification system for a report of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. **YOUR MEMBERSHIP WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.***

UPON PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if my application for membership/clinical privileges is approved, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if my application for membership/clinical privileges is approved, my membership/clinical privileges is conditioned in your receipt of a satisfactory report from the Washington State Patrol.

Date: _____

Signature: _____

Name (**Print**): _____