

## Student Disclosure of Criminal Convictions, Pending Criminal Charges and Certain Disqualifications

Please read, complete carefully and return immediately to the address provided on the form. If you need advice to determine whether you can benefit from enrolling in your desired program at WCCC, contact Enrollment Services at 454-1000 to arrange a meeting with the Dean of Enrollment Management & Students.

### INSTRUCTIONS

#### Requirement to Disclose

The College requires you to complete the accompanying Student Disclosure of Criminal Convictions, Pending Criminal Charges and Certain Disqualifications form ("Form") because at least one clinical/field site where enrolled students are placed for practicum(s), externship(s) or field placement(s) require(s) the College to do so.

#### College Use of the Information Disclosed

Your answers on this Form will be used to determine whether the clinical site will accept your placement. The existence of a conviction, pending charge or other disqualification does not necessarily mean that you will be denied admission to a site. The site will evaluate each case on its own facts, looking at the nature, severity, recency of the crime, charge or disqualification, as well as the interests and needs of the site.

#### Full Disclosure Required

You must complete this Form to the best of your ability. This means that your answers must be truthful, accurate and complete. If you know of certain information yet are unsure whether to disclose it, you must disclose the information. The site will later determine whether the disclosure was required and, if so, whether the information is material.

#### Consequence of Failure to Disclose

By your signature on the Form, you certify that you understand and agree that your failure to disclose material information on the Form may result in immediate exclusion, suspension or expulsion from the site or the College.

#### Continuing Duty to Disclose

By your signature on the Form, you also certify that you understand and agree that you will notify the College immediately of any inaccuracies in, or corrections to, the information you disclose there. You also certify that you understand and agree that you have a continuing duty to notify the College of any conviction, charge or disqualification after you have completed this Form and until you have completed all of your practicums.

### DEFINITIONS

For purposes of this Form, the following terms have the following meanings.

**"Pending criminal charge"** means any charge that is currently pending or threatened to be brought against you.

**"Criminal conviction"** means any instance in any state or country where you have pleaded no contest, guilty or were found to be guilty by a judge or jury to charges that you committed a crime, other than those excluded below. **"Criminal conviction" does** include any:

1. conviction that you are currently appealing; and
2. juvenile conviction, a conviction for which the record has been expunged and/or a conviction for which you have received a pardon, **unless** the law of the state where such juvenile conviction, expungement or pardon expressly permits you to lawfully withhold its disclosure.

**"Criminal conviction"** does **not** include, and therefore you need not disclose, any instance where you were:

1. arrested but not charged;
2. arrested and charged but the charges were dropped;
3. arrested and charged but found not guilty by a judge or jury;
4. arrested, found guilty by a judge or jury but the conviction was overturned on appeal; and
5. any traffic offense for which your penalty was a fine of less than \$200.

**"Disqualification"** means any occasion that resulted in your removal or exclusion from any health care facility due to an allegation that you engaged in a form of neglect or other misconduct.

*Non-Discrimination Policy: Washington County Community College is an equal opportunity/affirmative action institution and employer.*

*For more information; please call Tatiana Osmond, Affirmative Action Officer, at 454-1040.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Cell phone carrier:  US Cellular  Verizon  AT & T  Tracfone  Other \_\_\_\_\_ Text Updates: \_\_\_ Yes \_\_\_ No

Social Security #: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Program of Study: \_\_\_\_\_

**1. Have you read and understood the accompanying instruction sheet?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please do not complete until you do so.

**2. Have you ever been convicted or adjudicated of a crime as defined in the accompanying instruction sheet?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain for **each** crime the following (attach an additional page if necessary):

Name or Type of Offense \_\_\_\_\_  
State and Name of the Court \_\_\_\_\_  
Year Convicted \_\_\_\_\_ Age When You Committed the Crime \_\_\_\_\_  
Penalty or Punishment Imposed \_\_\_\_\_  
Further Explanation \_\_\_\_\_

**3. Are criminal charges currently pending or threatened against you as defined in the accompanying instruction sheet?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain for **each** crime the following (attach an additional page if necessary):

Name or Type of Offense \_\_\_\_\_  
State and Name of the Court \_\_\_\_\_  
Age When You Allegedly Committed the Crime \_\_\_\_\_  
Further Explanation \_\_\_\_\_

**4. Have you ever been removed or excluded from any health care facility due to an allegation that you engaged in a form of neglect or other misconduct as defined in the accompanying instruction sheet?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain for **each** incident the following (attach an additional page if necessary):

Nature of the Incident \_\_\_\_\_  
State and Name of the Facility \_\_\_\_\_  
Age When the Incident Occurred \_\_\_\_\_  
Further Explanation \_\_\_\_\_

**Certification**

I have read, understood and agree to the terms and conditions of the accompanying instruction sheet. The answers on this Form are truthful, accurate and complete.

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

This form must be returned to: Enrollment Services Representative  
Washington County Community College  
One College Drive  
Calais, ME 04619

***Non-Discrimination Policy:** Washington County Community College is an equal opportunity/affirmative action institution and employer.  
For more information; please call Tatiana Osmond, Affirmative Action Officer, at 454-1094.*