AUTHORIZATION FOR REPEAT BACKGROUND CHECKS AND DISSEMINATION OF RESULTS / HSIP ACKNOWLEDGEMENT

MASTER OF SOCIAL WORK | UNIVERSITY OF WASHINGTON TACOMA

PART I: AUTHORIZATION FOR REPEAT BACKGROUND CHECKS AND DISSEMINATION OF RESULTS

I authorize repeat background checks and dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites, whether in or outside the state of Washington, and as deemed necessary by the UW Tacoma MSW Program during the completion of my academic program. I understand that the University of Washington will provide the records listed above only with the condition that the receiving party or parties will be notified by the University that they may not disclose the information to other parties, in a personally identifiable form, without my further consent unless the other parties are otherwise eligible under federal or state law to receive the records. I further understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate. The Authorization for Repeat Background Checks and Dissemination of Results forms must be signed.

Name:	
Signature:	_Date:
DISSEMINATION OF SELF-DISCLOSURE INFORMATION CONVICTION RECORDS	, BACKGROUND CHECK RESULTS, AND
These records are provided to you pursuant to the above releas with the understanding, and on condition that, you not release or entity without the further consent of	• •
PART II: ACKNOWLEDGEMENT OF UW HEALTH SCIENCES IN AUTHORIZATION FOR SHARING IMMUNIZATION INFORMATI	` ,
The University of Washington Health Sciences Center requires the against a number of vaccine-preventable diseases. The University under the umbrella of UW Health Sciences and therefore all UW admitted to the MSW Program must submit appropriate document be advised of specific submission deadlines upon admission, but to entering the MSW program. The following immunizations and v No student will be permitted to enter any practicum site until all im the Health Sciences Immunization Program (HSIP). Students must (Rubeola), Mumps, Rubella, Hepatitis B, Tetanus-Diphtheria-Pertrinfluenza, and have a current TB screening. Due to the nature of hare rarely granted and only in alignment with CDC recommendation All requirements are subject to change without advance notice. Im affiliated field education agencies when required by those agencies	y of Washington Seattle School of Social Work falls Tacoma MSW students must comply. New students tation within a specific timeframe. New students will generally all documentation must be supplied prior verifications are REQUIRED for all MSW students. Immunization verification is submitted and verified by st document immunization verification to Measles cussis, Varicella (chicken pox), COVID-19, seasonal health professions training programs, exemptions ons, HSIP policy, and University policy and practice.
I acknowledge that I have read the above, and understand that coenrollment in the MSW program.	ompliance with HSIP is a required component of
Signature:	Date:

To submit: The completed form should be saved as a PDF document and uploaded via the UW Graduate School application in the space indicated for The Authorization for Repeat Background Checks and Dissemination of Results/HSIP forms ection

If you cannot so certify, please contact SWCJ@UW.EDU: