

12

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 - Reno, NV 89521



APPLICATION FOR PHYSICIAN'S ASSISTANT - PRESCRIBE
REGISTRATION FEE: \$80.00 (non-refundable money order or cashier's check only)

First: Joseph Middle: Thomas Last: Pollino

Home Address: 1 Pleasantview Dr.

City: Gardnerville State: NV Zip Code: 89460

SS#: _____ Date of Birth: 6/1/1978 Sex: M or F

Telephone: _____ E-mail address: _____

PRACTICING LOCATION

Practice Name (if any): Carson Valley Medical Center

Physical Address: 1107 Highway 395 North Suite #: _____

City: Gardnerville State: NV Zip Code: 89410

Telephone: 775-782-1500 Fax: _____

Medical/Osteopathic Board PA #: PA2223 Issued: 12/31/2019 Expires: 6/30/2021

Check this box if you are a PA who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.)

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

		Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or a physical condition that would impair your ability to perform the essential functions of your license?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have you been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?.....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Have you had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-4) above, include the following information & provide an explanation & documentation:			
Board Administrative Action:	State	Date:	Case #:
		<u>1/1</u>	<u>See Attached</u>
Criminal Action:	State	Date:	Case #:
		<u>1/1</u>	
			County
			Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature of PA: Joseph T. Pollino Date: 1/8/2020
(40 copies of stamps accepted)

Required Signature of Supervising Physician: Alfred Phillips, MD Date: 1/19/20
Required Supervising Physician - Please Print

Board Use Only: Date Processed _____ Amount \$80.00

Follow Up Explanation:

Been charged, arrested or convicted of a felony or misdemeanor in any state?

DUI & Possession of Marijuana - 8/5/2007 – Skagit County, Washington - Driving home with friends after a social function, I was initially pulled over for speeding. I was arrested for driving under the influence of alcohol, and possession of marijuana. Arresting agency Washington State Patrol
**NOTE – Marijuana conviction vacated 4/5/2013*

Minor in possession of alcohol- 4/01/2006, 8/26/2006 – Bellingham, WA/ Seattle, WA. One of these charges occurred at a college social function, the other at a Seattle Mariners game with friends.

Arrest for outstanding warrant – 2007 – Snohomish County – No charges filed - As a result of a missed court date in King County from MIP charge, I was pulled over and arrested for an outstanding warrant in Snohomish County, Washington. Arresting agency Washington State Patrol.

Been the subject of an administrative action whether completed or pending in any state?

In 2010 I was volunteering for a local fire department and decided to get certified as an EMT. Due to the previous mentioned charges that occurred prior any involvement in the medical field, I was referred to the Washington State Health Professional Services (WHPS) through the Washington State Department of Health. In order for the state to grant my EMT license I was required to “seek a substance abuse evaluation through the WHPS program, and then, if recommended, enter and comply with all aspects of the program”. The substance abuse evaluation did not recommend any treatment. On 11/3/10 in order to obtain my EMT license I agreed to a two-year monitoring contract with review after one year through WHPS.

In 2011 I was employed as an ER Technician which required a Medical Assistant license. This license was added on to the conditions of the previous contract.

On 1/13/2012 after the one-year review I was released from the terms of the previous agreement.

I attest and affirm that the information is complete and correct to the best of my knowledge.

Joseph T Pollino



FAXED
APR 05 2013
TO: WSP

FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA
2013 APR -5 AM 10:47

**SUPERIOR COURT OF THE STATE OF WASHINGTON
SKAGIT COUNTY**

STATE OF WASHINGTON,

Plaintiff,

vs.

JOSEPH POLLINO,

Defendant.

No. 08-1-00679-3

ORDER VACATING
V.U.C.S.A.CONVICTION
UNDER RCW 9.96.060 (COUNT 1)

(CLERK'S & LAW
ENFORCEMENT ACTION)

THIS MATTER, having come on regularly before the undersigned judge of the above-entitled court upon the motion of the State of Washington, Plaintiff, for the above-entitled order(s) and the court being fully advised that:

The defendant has complied with the terms of the sentence and has received (or is eligible to receive) a:

Discharge Dismissal Termination of the sentence

The offender has not been convicted of a new crime in this state, another state, or federal court since the date of conviction;

The offender has no pending charges in any Washington, other state, or federal court.

6

40

1 The offense was not a violent offense as defined in RCW 9.94A.030 or an attempt
2 to commit a violent offense;

3
4 The offense was not a violation of RCW 46.61.502 (driving while under the
5 influence), 46.61.504 (actual physical control while under the influence), 9.91.020
6 (operating a railroad, etc. while intoxicated), nor was the offense considered a "prior
7 offense" under RCW 46.61.5055 and the applicant has had a subsequent alcohol or drug
8 violation within ten years of the date of arrest for the prior offense;

9
10
11 The offense was not a misdemeanor or gross misdemeanor violation, including
12 attempt, of chapter 9.68 RCW (obscenity and pornography), chapter 9.68A RCW (sexual
13 exploitation of children), or chapter 9A.44 RCW (sex offenses);

14
15
16 The offense was not domestic violence related nor was it for violating a no-contact
17 order;

18
19 More than three years have passed since the person completed the terms of the
20 sentence, including any financial obligations;

21
22
23 The applicant has ever had the record of another conviction vacated;

24
25 The applicant is not currently restrained, nor has been restrained within five years
26 prior to the vacation application, by a domestic violence protection order, a no-contact
27 order, an anti-harassment order, or a civil restraining order which restrains one party from

28 ORDER VACATING V.U.C.S.A.CONVICTION
Page 2

1 contacting the other party.

2 Now, therefore,

3 IT IS HEREBY ORDERED ADJUDGED AND DECREED that

4 1. The record of conviction is vacated:

5 [] The court allows the defendant to withdraw his plea of guilty, and to
6 enter a plea of not guilty.

7 [] The court sets aside the verdict of guilty.

8 [X] The charge is dismissed.

9 2. The defendant shall be released from all penalties and disabilities resulting
10 from the offense.

11 3. For all purposes the defendant may state that he has never been convicted
12 of the crime of conviction. Nothing in this order affects or prevents the use
13 of the defendant's conviction in a later criminal prosecution.

14 4. The clerk of the court in which the vacation order is entered shall
15 immediately transmit the order vacating the conviction to the Washington
16 State Patrol identification section and to the local police agency, if any,
17 which holds criminal history information for the person who is the subject of
18 the conviction:

19 WASHINGTON STATE PATROL
20 ~~Police Department~~

21 Arrest Date: 8/5/07

22 Case: 08-1-00679-3

23 Charges: SOLICITATION TO POSSESS A CONTROLLED SUBSTANCE

24 Disp. Date: 12/16/08

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

- 5. The Washington State Patrol and any such local police agency shall immediately update their records to reflect the vacation of the conviction, and shall transmit the order vacating the conviction to the Federal Bureau of Investigation (FBI).
- 6. A conviction that has been vacated under this section may not be disseminated or disclosed by the state patrol or local law enforcement agency to any person, except other criminal justice law enforcement agencies.

X
X
X
X

IT IS FURTHER ORDERED:

DONE IN OPEN COURT this 5 day of Apr., 2013.

SKAGIT COUNTY SUPERIOR COURT

Susan K Cook
JUDGE


Presented by

Glen C. Hoff
Glen C. Hoff, WSBA 24645
Attorney for Defendant

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Approved as to form,
Notice of presentation waived

SKAGIT COUNTY PROSECUTING ATTORNEY


Triska Johnson, WSBA 24437

REC-11

FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY WA
January 7, 2010 *TB*

SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR THE COUNTY OF SKAGIT

STATE OF WASHINGTON

vs.

POLLINO, JOSEPH THOMAS

Case No.: 08-1-00679-3

FULL PARTIAL

**SATISFACTION OF JUDGMENT
LEGAL FINANCIAL OBLIGATIONS**

JUDGMENT CREDITOR: **SKAGIT COUNTY SUPERIOR COURT**, Acknowledges receipt of payment in satisfaction of judgment for legal financial obligations against **POLLINO, JOSEPH THOMAS**.

JUDGMENT NUMBER: 08-9-02503-7 JUDGMENT ENTRY DATE: 12/16/08

_____	\$175.00	Restitution
_____	\$200.00	Court Costs/Criminal Fee
_____	\$	Collection Fees
_____	\$1425.00	Fine/Penalty
_____	\$100.00	Interlocal Drug Fund
_____	\$100.00	Other: Sheriff's Fee/DNA
_____	\$152.28	Interest
_____	\$2152.28	TOTAL

Dated: January 7, 2010

Nancy K. Scott
Clerk of Skagit County Superior Court

Teri L. Bordua
Teri L. Bordua, Deputy Clerk

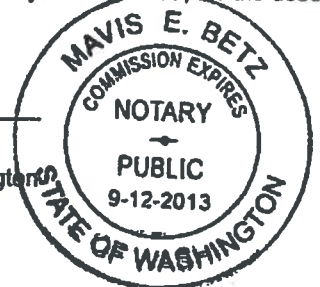
State of Washington)
County of Skagit) ss.

On this day personally appeared before me Teri L. Bordua to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal January 7, 2010.

Mavis E. Betz

MAVIS E. BETZ
NOTARY PUBLIC in and for the state of Washington
Residing at Mount Vernon, Washington



D0030I Beginning of Docket

DD1000PI

07/08/19 14:30:49

DD1001MI Case Docket Inquiry (CDK)

BELLINGHAM MUNICIPAL PUB

Case: CB0050237 BLP CN

StID: _____

Name: _____

NmCd: IN

Name/Title: POLLINO, JOSEPH THOMAS
MINOR POSS AND/OR CONSUMPTION

Case: CB0050237 BLP CN Criminal Non-Traffic Closed

S 04 03 2006 Case Filed on 04/03/2006

NMP

S DEF 1 POLLINO, JOSEPH THOMAS Added as Participant

NMP

D0071I More records available.

DD1000PI

DD1001MI Case Docket Inquiry (CDK)

07/08/19 14:30:54

BELLINGHAM MUNICIPAL PUB

Case: CB0050237 BLP CN

StID: _____

Name: _____

NmCd: IN

Name/Title: POLLINO, JOSEPH THOMAS
MINOR POSS AND/OR CONSUMPTION

Case: CB0050237 BLP CN Criminal Non-Traffic Closed

S	04	03	2006	ARR Set For 04/17/2006 09:45 AM In Room 2	NMP
				* BAD ARR DATE ON TIC/ NEED TO SUMMONS FOR VALID ARR DATE *	NMP
S	04	05	2006	Notice Issued for ARR on 04/17/2006 09:45 AM	MKH
S	04	17	2006	Defendant Arraigned on Charge 1	ERD
S				Plea/Response of Guilty Entered on Charge 1	ERD
S				Finding/Judgment of Guilty for Charge 1	ERD
S				Case Heard Before Judge LEV, DEBRA A	ERD
S				Judge LEV, DEBRA A Imposed Sentence	ERD
S				Court Imposes Jail Time of 365 Days on Charge 1	ERD
S				with 365 Days Suspended, and	ERD
S				0 Days Credit for time served	ERD
S				Total Imposed on Charge 1:	5,000.00 ERD
S				with 4,700.00 Suspended	ERD
S				And 43.00 Other Amount Ordered	ERD

D0071I More records available.

DD1000PI

07/08/19 14:30:55

DD1001MI Case Docket Inquiry (CDK)

BELLINGHAM MUNICIPAL PUB

Case: CB0050237 BLP CN

StID: --

Name:

NmCd: IN

Name/Title: POLLINO, JOSEPH THOMAS
MINOR POSS AND/OR CONSUMPTION

Case: CB0050237 BLP CN Criminal Non-Traffic Closed

S	04 17 2006	Alcohol Information School : 60 D	ERD
S		AIS Review Set for 07/13/2006	ERD
S		Community Service : 10 H	ERD
S		CSE Review Set for 07/13/2006	ERD
S		SOR : Letter of Apology	ERD
		RIGHTS ADVISED. DEF ENTERS GUILTY PLEA. APOLOGY LTR TO OFC	ERD
		MARK WRIGHT (FILED IN CRT) OK TO DO C/S HRS OUTSIDE WC. DEF	ERD
		TO COMPLETE ADIS IN LIEU OF JAIL. REVIEW ON 7-13-06 AT 945AM.	ERD
		OK TO STRIKE.	ERD
S		ARR: Held	LPS
S	04 18 2006	Charge 1: Def. complied with Jail Sentence	ERD
S		Defendant Complied with Letter of Apology	ERD
S		OTH HEARN Set For 07/13/2006 09:45 AM In Room 2	ERD
S		Accounts Receivable Created	343.00 ERD

D0071I More records available.

DD1000PI

DD1001MI Case Docket Inquiry (CDK)

07/08/19 14:30:57

BELLINGHAM MUNICIPAL PUB

Case: CB0050237 BLP CN

StID: -

Name:

NmCd: IN

Name/Title: POLLINO, JOSEPH THOMAS
MINOR POSS AND/OR CONSUMPTION

Case: CB0050237 BLP CN Criminal Non-Traffic Closed

S 04 18 2006	Case Scheduled on Time Pay Agreement 1 for:	343.00	ERD
S 04 19 2006	DEF 1 POLLINO, JOSEPH THOMAS Represented by:		KAC
S	ATY 1 KIM, PATRICK		KAC
S 05 02 2006	COMPLIANT Time Pay Statement Sent for Time Pay Agreement 1		SYS
S 05 15 2006	6135100180 Time Payment Received	50.00	MKH
S 05 30 2006	COMPLIANT Time Pay Statement Sent for Time Pay Agreement 1		SYS
S 06 12 2006	6163100381 Time Payment Received	50.00	JAA
S 06 27 2006	COMPLIANT Time Pay Statement Sent for Time Pay Agreement 1		SYS
S 07 11 2006	Defendant Complied with Alcohol Information School		NMP
S	Defendant Complied with Community Service		NMP
	PROOF OF ADIS & C/S REC'D VIA FAX		NMP
S 07 12 2006	OTH HEARN on 07/13/2006 09:45 AM in Room 2 Canceled		NMP
	DEF CLLED/ OK TO STRIKE HRG		NMP
07 25 2006	DEF CLLED/ WILL MAKE PMT BY 7/26/06		NMP

D0031I End of Docket

DD1000PI

07/08/19 14:30:59

DD1001MI Case Docket Inquiry (CDK)

BELLINGHAM MUNICIPAL PUB

Case: CB0050237 BLP CN

StID: -

Name:

NmCd: IN

Name/Title: POLLINO, JOSEPH THOMAS
MINOR POSS AND/OR CONSUMPTION

Case: CB0050237 BLP CN Criminal Non-Traffic Closed

S	07	27	2006	6208100055	Time Payment Received	50.00	JAO
S	08	01	2006	COMPLIANT	Time Pay Statement Sent for Time Pay Agreement 1		SYS
S	08	16	2006	6228100135	Time Payment Received	50.00	MPH
S	08	29	2006	COMPLIANT	Time Pay Statement Sent for Time Pay Agreement 1		SYS
	09	18	2006	DEF CLLED/	WILL MAKE PMT BY 1ST WK OF OCT		NMP
S	09	26	2006	DELINQUENT	Time Pay Statement Sent for Time Pay Agreement 1		SYS
S	10	06	2006	6279100520	Time Payment Received	50.00	MKH
S	10	17	2006	Case Removed from Time Pay Agreement 189 74277 1			LKR
S				Case Scheduled on Time Pay Agreement 1 for:		93.00	LKR
S	10	31	2006	COMPLIANT	Time Pay Statement Sent for Time Pay Agreement 1		SYS
S	11	16	2006	6320100763	Time Payment Received	93.00	JAA
S				Case Paid in Full and Removed from Time Pay			JAA
S	01	19	2007	Case Disposition of CL Entered			LKR

FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA
2009 JUL 30 PM 2:20
[Signature]

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SKAGIT**

STATE OF WASHINGTON,

Plaintiff,

vs.

JOSEPH T. POLLINO,

Defendant.

No. 08-1-00679-3
COVER SHEET

Attached hereto are the following with regard to the above Defendant:

- 1) Alcohol & Drug Information School Completion
- 2) Skagit County Jail Alternative Program
- 3) Letter from YMCA re volunteer
- 4) Letter from Cedardale Fire Department

Submitted on July 29, 2009.

[Signature]

MARI K. DOERNER, WSBA #40160
Attorney for Defendant

COVER SHEET

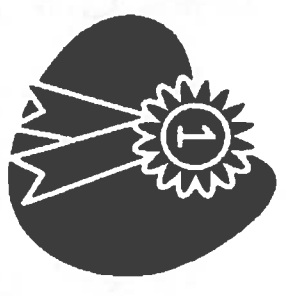
MARI K. DOERNER
1003 Cleveland Ave., Suite D
Mount Vernon, WA 98273
OFFICE: 360.336.1622
FAX: 360.336.1644
WSBA #40160

5

[Handwritten mark]

Phoenix Recovery Services, LLC

Alcohol and Drug Information School COMPLETION



This certifies that Joseph Pollino has successfully completed
An 8-Hour Alcohol and Drug Information School

Signature: *Ann O'Harra* Date: 07-18-2009



Skagit County Jail Alternative Programs Office

600 S 3rd St, Mount Vernon, WA 98273

(North End of the Public Safety Building)

360-336-9359/fax: 360-336-9428

For Office Use Only	
Deputy	Vater
Name #	260779

No Children or Pets Allowed in the Jail Alternatives Office

Pollino, Joseph T _____ 1/1/41
 Name (Last, First, Middle) _____ Date of Birth _____

S. 10th St. Mount Vernon, WA 98274
 Address City State Zip _____

Home Phone # _____ Cell Phone # _____

Skagit Valley Hospital _____ Security Officer
 Employed by _____ Job Title _____

Sandra Pollino
 Emergency Contact Name & Phone # _____

Medical Problems: Yes No Take Medications: Yes No

If yes describe issues and any physical limitations: _____

For Office Use Only:

Charge: 901 PUM / DUI Court: SC Cause #: 08-1-00679-3 Sentence Length: 1 day

Next Appointment: 25 (day) July, 2009 Time: 0700 am pm

Interview Booking: Litter Crew CSW AIB EHM WR ODO JAIL

I will bring a receipt showing payment of: \$ 35⁰⁰ (May use kiosk, telephone or internet payment)
 for Application fee \$25; UA fee \$10; ODO \$50 / \$35 / \$25; Other \$ _____ for _____

Program Start Date: _____ (day) _____, 20____ Time: _____ am pm

Other: _____

I understand:

- I am required to report as directed, and failure to do so may result in the issuance of a warrant for my arrest and a new criminal charge of escape.
- I may be denied participation if I have any law violations while waiting to begin Programs.
- I must pass drug & alcohol screening tests to participate in any Alternatives Program.

Signature J. Joseph T. Vater _____ Date: 7-14-09

(2)



YMCA

We build strong kids,
strong families, strong communities.

2/25/09

The purpose of this letter is to confirm that Joseph Pollino volunteered as a youth soccer coach in the fall and winter of 2008 at the Skagit Valley Family YMCA. In the fall of 2008, Mr. Pollino coached a 5-6 year old indoor soccer team at the YMCA Sports Center from Sept. 19 to Nov. 5 (7 weeks); this required him to be at practice for 1 hour per week and coach 1 game per week for a total of 14 hours over the 7 week session.

In the winter of 2008, Mr. Pollino helped coach another 5-6 year old team from Nov. 10 to Jan. 10 (7 weeks of games/practices, excluding holiday breaks). Again, this required a commitment of 1 hour per week for practice and another hour per week for the game, for a total of 14 hours.

As of today, Feb. 25, 2009, Mr. Pollino has volunteered for the Skagit Valley Family YMCA for a total of 28 hours.

Please contact me if you have any questions regarding Mr. Pollino's volunteer hours at the Skagit Valley Family YMCA.

Vanessa Harrington

Adult and Youth Sports Director

v.harrington@skagitymca.org

③

Skagit Valley Family YMCA · 215 East Fulton Street · Mount Vernon, WA 98273

360-336-9622 · Fax: 360-336-9624



YMCA mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Cedardale Fire Department

19746 E Hickox Rd.
Mount Vernon, Wa. 98174
(360) 424-1661

07/14/2009

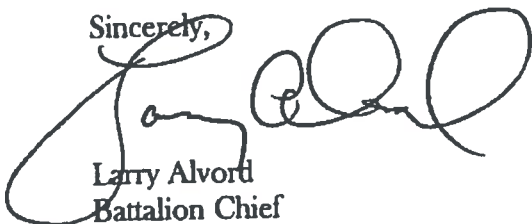
DOC Officer Zach Lively
707 South 2nd Street
Mount Vernon, Wa. 98273

Dear Zach,

I have become aware that one of my firefighters Joseph Pollino is currently in the process of completing some legal issues and a portion of this process is community service requirements. It is my understanding that this requirement could possibly be handled with the tremendous amount of hours this young man has given and continues to give to this department and the citizens of Skagit County and Fire District #3. I have known Joseph for a while now, seen him grow, develop and constantly strive to improve himself with the intent of completing his college fire courses, attending the Washington EMT program, with his final goal of becoming a Paramedic/Firefighter.

Joseph is one of the standouts in our department's ever growing new generation of firefighters. Our minimal hours for training are 3 hours per week which he continually exceeds. The hours he has accrued this year since January 1st are in excess of 163 hours. I have also received good feedback from veteran's in my department that also agree with Joe's commitment and we look forward watching him grow in the fire service.

Sincerely,



Larry Alvord
Battalion Chief
Cedardale Fire Department
Skagit County Fire District #3

KING COUNTY DISTRICT COURT

INFORMATION ONLY

Cause No. 56255964A

Date: 11-15-07

I promise to appear at **West Division, Seattle Courthouse, 516 Third Avenue,**
on 11-16-07 at ~~1:30pm~~ in Room E- 301 - EAK.

Phone: (206) 205-9200

at 1:30pm

 Bench Warrant Hearing

I hereby agree to notify the court of any change of address or telephone number.
IF I FAIL TO APPEAR, A WARRANT FOR MY ARREST WILL BE ISSUED

RECEIVED
07 NOV 15 PM 2:14
KING COUNTY
DISTRICT COURT
SEATTLE DIVISION

Application For Release

Print so it can be read:

1. Name Joseph Pollino Birthdate 1/1/71

2. Telephone Number Cell Phone Number

3. Address
Willow Lane Mount Vernon 98273
Street City Zip Code

4. How long have you lived here? 2 months

5. How long have you lived in King County?

6. Do you have family living in King County? Yes No

Wife Husband Children Mother Father

Other

7. Employer Phone No. How Long?

8. Are you receiving money from:
Unemployment Compensation Welfare Social Security

9. Have you ever failed to appear for a court case? Yes This one
Explain 2 Dates on paper / Read wrong one

10. In case of emergency you may contact:
Name Sandra Pollino Phone No.

KING COUNTY DISTRICT COURT
STATE OF WASHINGTON
West Division-Seattle Courthouse

WARRANT RECALL

THE WARRANT ISSUED IN THIS CASE IS HEREBY RECALLED:

Discis Database KCD

DEFENDANT POLLINO, JOSEPH THOMAS

DOB _____

DATE OF WARRANT 10/30/07

CAUSE NUMBER 56255964A

BOND / BAIL RECEIVED FROM _____

By Phone Recall made to _____ on _____
(name) (date)

By Fax on 11-16-07
(date)

COURT CLERK 

BENCH

WARRANT OF ARREST

KING COUNTY DISTRICT

in the _____ Court

The City of _____

KING COUNTY, STATE OF WASHINGTON

Plaintiff

vs.

name
address **POLLINO, JOSEPH THOMAS**
15215 SUNSET LN
MOUNT VERNON WA 98273

STATE OF WASHINGTON } Defendant
COUNTY OF KING } ss
CITY OF _____

The State of Washington to all Peace Officers,

meetings;

A complaint/information under oath or certification has been filed in this court, charging the defendant with the crimes as herein described.

Therefore, in the name of the State of Washington, you are commanded to arrest the defendant and keep the defendant in custody until the defendant is discharged according to law, and to make due return of this warrant with your manner of service endorsed thereon. Cash or surety bond to be approved by court. Service of this warrant by telegraph or teletype is authorized.

Reason for Issuance

- Failure to Post Bail, Appear, or Arrange Personal Recognizance
- Failure to Appear for Hearing
- Failure to Comply with Court Order.
- Failure to Pay Fine or Appear.
- CASH BAIL ONLY - No Personal Recognizance or Bail Bond

Bail 300.00		Court Case No. KCP 56255964A			Warrant Expiration Date 10/25/2010		
Originating Agency KCP	Sex M	Race W	D.O.B.	Hgt. 5 8	Wgt. 145	Eyes BRO	Hair I
Place of Employment		Social Security No.		Originating Agency Case No.			
Operator License No. POLLIJT137NQ	State WA	Expires 08	Citation Number 56255964A		Violation Date 08/26/2007		
License Plate No.	State	Expires	Year	Make	Type	Color	
Description of Charge(s)							
Narrative MINOR POSS AND/OR CONSUMPTION Filed at Seattle Courthouse NOV 21 2007					RCW/Ordinance 66.44.270.		
Officer's Number 03213		Complainant—Under Oath or Certification KIERCE, RONALD					
Additional Identifying Data							

Hereby Certify That I Arrested the Named Defendant

on The **SETTLED** Day of **NOV 16 2007**
Officer _____ Agency _____
Service Fees _____ Service _____ Mileage _____ Total _____

Given Under My Hand This

30 Day of **October** 20**2007**
Judge/Commissioner *Barbara Lunde*
SEATTLE COURTHOUSE

01082901 20100107 902 00.000

13 013 0

COMPUTER CONTROL NUMBER				
LOCAL NUMBER	DATE ENTERED	AGENT'S SIGNATURE	DATE CLEARED	AGENT'S SIGNATURE
WACIC	11-16-02		11-16-02	DH
NCIC				

01082901

11-16-02 DH

KNOWN ALIASES		PLACES SUBJECT FREQUENTS (TAVERNS, BOWLING ALLEYS, ETC.)	
PREVIOUS ARRESTS		OCCUPATION AND PLACE OF EMPLOYMENT	
SERVICE RECORD			
DATE	TIME	ADDRESS	REMARKS
	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> RES. <input type="checkbox"/> EMPL. <input type="checkbox"/> OTHER	
	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> RES. <input type="checkbox"/> EMPL. <input type="checkbox"/> OTHER	
	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> RES. <input type="checkbox"/> EMPL. <input type="checkbox"/> OTHER	

01082901

01082901

0005

01082901

00

01082901

01082901



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Joseph T. Pollino
Master Case No.: M2010-1155
Document: Order of Release

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health and Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SECRETARY OF HEALTH**

In the Matter of

JOSEPH T. POLLINO
Credential No. EMT.ES.60171377
Credential No. HCA.HC.60229558

Respondent

**No. M2010-1155
No. M2011-1080**

**ORDER UPON COMPLETION
OF CONDITIONS**

This matter comes before the Secretary of Health (Secretary) on request for an order upon completion of conditions brought by the Compliance Officer for the Office of Emergency Medical Services and Trauma System Programs and the Health Care Assistant Program (Programs). The Presiding Officer, on designation by the Secretary of Health, issues the following:

1. PROCEDURAL STIPULATIONS

1.1 On November 9, 2010, the state of Washington issued Respondent a credential to practice as an emergency medical technician. Respondent's credential is currently active, subject to certain terms and conditions.

1.2 On August 25, 2011, the state of Washington issued Respondent a credential to practice as a health care assistant. Respondent's credential is currently active, subject to certain terms and conditions.

1.3 The Compliance Officer for the Programs requested Respondent's release from the terms and conditions and the authorization to practice as an emergency medical technician and as a health care assistant in the state of Washington without conditions.

1.4 This Order Upon Completion of Conditions is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 61, RCW 18.130.110 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site.

2. FINDINGS OF FACT

2.1 On November 9, 2010, the state of Washington issued Respondent a credential to practice as an emergency medical technician. Respondent's credential is currently active and subject to the Secretary's November 3, 2010 Agreement to Practice

ORDER UPON COMPLETION OF CONDITIONS
NOS. M2010-1155 & M2011-1080

PAGE 1 OF 4

ORIGINAL REINSTATEMENT ADMINISTRATIVE - REV 10-05

With Conditions (2010 Agreement). In the 2010 Agreement, Respondent was to comply with, among other terms, the following conditions:

- A. Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program. WHPS may be contacted at PO Box 47872, Olympia, WA 98504-7872 or (360) 236-2880. *[Paragraph 2 of the 2010 Agreement]*

2.2 On August 25, 2011, the state of Washington issued Respondent a credential to practice as a health care assistant. Respondent's credential is currently active and subject to the Secretary's August 15, 2011 Agreement to Practice With Conditions (2011 Agreement). In the 2011 Agreement, Respondent was to comply with, among other terms, the following conditions:

- A. On or about November 9, 2010, the Secretary of Health of the state of Washington entered an Agreement to Practice With Conditions, No. M2010-1155 (2010 Agreement) on Applicant's emergency medical technician license. The 2010 Agreement required Applicant to seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program, and then, if recommended, enter and comply with all aspects of that program. *[Paragraph 2 of the 2011 Agreement]*
- B. Applicant shall comply with all conditions of the 2010 Agreement as follows:

- a) Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program. WHPS may be contacted at PO Box 47872, Olympia, WA 98504-7872 or (360) 236-2880. *[Paragraph 3 of the 2011 Agreement]*

2.3 The Compliance Officer for the Programs requested release from the terms and conditions of the 2010 Agreement and the 2011 Agreement.

2.4 The Programs reviewed Respondent's file to determine compliance with the 2010 Agreement and the 2011 Agreement and concluded Respondent has substantially complied with the terms and conditions.

3. CONCLUSIONS OF LAW

Based on the Findings of Fact, the Health Law Judge makes the following Conclusions of Law:

3.1 The Secretary has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 The request for an order upon completion of conditions was brought properly before the Secretary.

3.3 The request for release from the terms and conditions should be granted and the Program's oversight and monitoring of Respondent's compliance terminated.

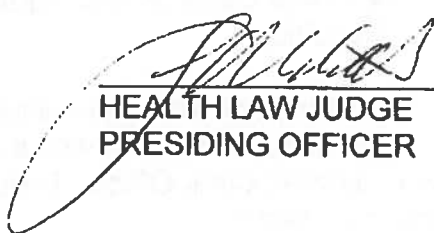
//

4. ORDER

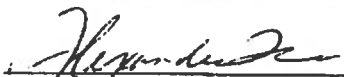
Based on the Findings of Fact and Conclusions of Law, the Secretary orders:

4.1 The request for release from the terms and condition of the 2010 Agreement and the 2011 Agreement is hereby granted and the Program's oversight and monitoring of Respondent's compliance terminated.

DATED: January 24, 2012


 HEALTH LAW JUDGE
 PRESIDING OFFICER

PRESENTED BY:


 ALEXANDER H. LEE, WSBA #35824
 DEPARTMENT OF HEALTH STAFF ATTORNEY

January 13, 2012
 DATE



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Joseph T. Pollino
Master Case No.: M2010-1155
Document: Notice of Decision and Agreement to Practice
Conditions

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

Respondent's residential address, including street, city, and zip code pursuant to RCW 42.56.050, RCW 42.56.350(2)

Skagit County Superior Court Order

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**FILED**

OCT 10 2010

Adjudicative Clerk

NOTICE OF DECISION ON APPLICATIONJoseph T. Pollino


Application No. EMT.ES.60171377 No. M2010-1155


The Secretary of Health (Secretary) has decided that you may be given a credential to practice as an emergency medical technician, provided that you agree to practice under the conditions listed on the enclosed form and provided you meet relevant regulatory requirements for credentialing. The Secretary acknowledges the seriousness of the *underlying criminal* conduct but has determined that the conditions proposed will serve to adequately protect the public. Please review each of the options below and take the appropriate action. You must return a response (using one of the enclosed forms) to the Department of Health within twenty-eight (28) days or your application will be denied.

You must choose one of the following options:

1. If you **agree** to practice under all the listed conditions on the enclosed form (Agreement to Practice with Conditions), you must sign it, and return it to us at the address listed on the form. You will then be credentialed subject to those conditions, and we will be in contact with you to monitor your compliance with the conditions.
2. If you **disagree** with any of the conditions and want a hearing, you must state why on the enclosed form (Request for Hearing), sign it, and return it to us at the address listed on the form. You will then be notified of the date of your hearing, and you will also have an opportunity to negotiate a settlement before the hearing date.
3. If you **do nothing**, your application is DENIED.

Basis for this Decision

In June 2010, you applied for a credential to practice as an emergency medical technician in the state of Washington.



ORIGINAL

On or about December 16, 2008, you were convicted of one (1) count of Solicitation to Possess over 40 Grams of Marijuana, a gross misdemeanor, and one (1) count of Driving Under the Influence, a gross misdemeanor, in the Superior Court of Washington, County of Skagit, case no. 08-1-00679-3.

Grounds for this Decision

The Secretary has jurisdiction over this subject matter.

Your application will not be approved unconditionally under RCW 18.130.055(1)(b), (c), and (d) and RCW 18.130.180(17).

RCW 18.130.055 Authority of disciplining authority – Denial of applications.

(1) The disciplining authority may deny an application for licensure or grant a license with conditions if the applicant:

...

(b) Has committed any act defined as unprofessional conduct for a license holder under RCW 18.130.180:

(c) Has been convicted or is subject to current prosecution or pending charges of a crime involving moral turpitude or a crime identified in RCW 43.43.830. For purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the prosecution or sentence has been deferred or suspended. At the request of an applicant for an original license whose conviction is under appeal, the disciplining authority may defer decision upon the application during the pendency of such a prosecution or appeal:

(d) Fails to prove that he or she is qualified in accordance with the provisions of this chapter, the chapters identified in RCW 18.130.040(2), or the rules adopted by the disciplining authority;

...

RCW 18.130.180 Unprofessional Conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

...

//

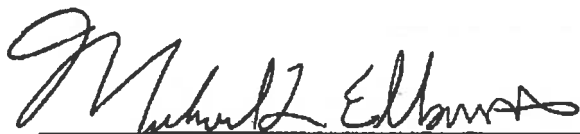
//

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

....



DOLLY FERNANDES
MANAGER



MICHAEL ELLSWORTH, WSBA #39531
PROGRAM REPRESENTATIVE

Enclosure

DECLARATION OF SERVICE BY MAIL

I declare that today, in Tumwater, Washington, I placed in the United States Mail, a properly addressed and stamped envelope containing a true and correct copy of this document to the applicant, at the following address:

Joseph T. Pollino



Dated this 15 day of October, 2010.

Signature: Tiffany Berisford
Tiffany Berisford, Legal Assistant



AGREEMENT TO PRACTICE WITH CONDITIONS

Joseph T. Pollino
 [REDACTED]

Application No. EMT.ES.60171377 No. M2010-1155

I agree with the Notice of Decision regarding my application for a credential and will practice subject to all of the following conditions:

1. Applicant's application for a credential to practice as an emergency medical technician in the state of Washington shall be GRANTED upon compliance with relevant regulatory requirements for credentialing and upon compliance with the following terms and conditions.
2. Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program. WHPS may be contacted at PO Box 47872, Olympia, WA 98504-7872 or (360) 236-2880.
3. All documents required by this Agreement shall be sent to the Department of Health, Compliance Unit at PO Box 47873, Olympia, WA 98504-7873.
4. Applicant agrees and understands that this Agreement constitutes the entire agreement. If Applicant signs this Agreement and submits it with any revisions to which the parties did not agree, the offer is withdrawn and the revised Agreement will be treated as a request for a hearing.
5. The effective date of this Agreement is the date that the Adjudicative Clerk Office receives the signed Agreement.

Applicant understands that the Secretary of Health (Secretary) will grant a credential to the Applicant, but only under the conditions described in this Agreement and provided Applicant meets relevant regulatory requirements for credentialing. The above conditions are effective the date your credential is issued. Applicant understands that there is no obligation to sign this Agreement. Applicant has a right to a hearing on the issues contained in the Notice of Decision, waives that right, and agrees to this Agreement.

This Agreement is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 61, RCW 18.130.110 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site. It is releasable to the public upon request pursuant to the Public Records Act, chapter 42.56 RCW. This Agreement shall remain part of Applicant's file and cannot be expunged.

Protection of the public requires practice under the conditions imposed in this Agreement. Failure to comply with the conditions of this Agreement may result in suspension of the credential after a show cause hearing. If Applicant fails to comply with the conditions of this Agreement, the Secretary may hold a hearing, present evidence of the Applicant's failure to comply with the conditions, and to require Applicant to show cause why the credential should not be suspended. Alternatively, the Secretary may bring additional charges of unprofessional conduct under RCW 18.130.180(9) and impose sanctions under RCW 18.130.160. In either case, Applicant will be afforded notice and an opportunity for a hearing on the issue of non-compliance.

Return this form to:
Adjudicative Clerk Office
Adjudicative Service Unit
Department of Health
PO Box 47879
Olympia, WA 98504-7879

Fax: (360) 586-2171

Signature:



 JOSEPH T. POLLINO, Applicant

Date Signed:

11 / 2 / 10

NOTE: Your application will be DENIED if you fail to return this form OR the Request for Hearing form within twenty-eight (28) days from the date shown at the bottom of the Notice of Decision.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Joseph Thomas Pollino
Master Case No.: M2011-1080
Document: Notice of Decision and Agreement to Practice with Conditions

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

Respondent's residential address, including street, city, and zip code pursuant to RCW 42.56.050, RCW 42.56.350(2)

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.



FILED
 AUG 02 2011
 Adjudicative Clerk

NOTICE OF DECISION ON APPLICATION

Joseph Thomas Pollino
 Skagit Valley Hospital
 Human Resources Dept.
 PO Box 1376
 Mount Vernon, WA 98273-1376

Joseph Thomas Pollino

Application No. HCA.HC.60229558 No. M2011-1080

The Secretary of Health (Secretary) has decided that you may be given a credential to practice as a health care assistant, provided that you agree to practice under the conditions listed on the enclosed form and provided you meet relevant regulatory requirements for credentialing. The Secretary acknowledges the seriousness of the underlying criminal conduct but has determined that the conditions proposed will serve to adequately protect the public. Please review each of the options below and take the appropriate action. You must return a response (using one of the enclosed forms) to the Department of Health within twenty-eight (28) days or your application will be denied.

You must choose one of the following options:

1. If you **agree** to practice under all the listed conditions on the enclosed form (Agreement to Practice with Conditions), you must sign it, and return it to us at the address listed on the form. You will then be credentialed subject to those conditions, and we will be in contact with you to monitor your compliance with the conditions.
2. If you **disagree** with any of the conditions and want a hearing, you must state why on the enclosed form (Request for Hearing), sign it, and return it to us at the address listed on the form. You will then be notified of the date of your hearing, and you will also have an opportunity to negotiate a settlement before the hearing date.
3. If you **do nothing**, your application is DENIED.

Basis for this Decision

On May 18, 2011, you applied for a credential to practice as a health care assistant in the state of Washington.

On or about November 9, 2010, the Secretary of Health of the state of Washington entered an Agreement to Practice With Conditions, No. M2010-1155 (2010 Agreement) on your emergency medical technician license. The 2010 Agreement required you to seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program, and then, if recommended, enter and comply with all aspects of that program.

Grounds for this Decision

The Secretary has jurisdiction over this subject matter.

Your application will not be approved unconditionally under RCW 18.130.055(1)(a) and (d), and RCW 18.130.180(5).

RCW 18.130.055 Authority of disciplining authority – Denial of applications.

(1) The disciplining authority may deny an application for licensure or grant a license with conditions if the applicant:

(a) Has had his or her license to practice any health care profession suspended, revoked, or restricted, by competent authority in any state, federal, or foreign jurisdiction;

...

(d) Fails to prove that he or she is qualified in accordance with the provisions of this chapter, the chapters identified in RCW 18.130.040(2), or the rules adopted by the disciplining authority;

....

//

//

//

//

//

//

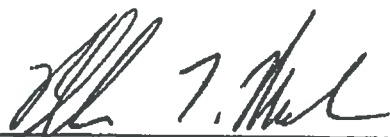
RCW 18.130.180 Unprofessional Conduct.

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

...

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

....



BLAKE MARESH
EXECUTIVE DIRECTOR



ALEXANDER LEE, WSBA #35824
PROGRAM REPRESENTATIVE

Enclosure

DECLARATION OF SERVICE BY MAIL

I declare that today, in Tumwater, Washington, I placed in the United States Mail, a properly addressed and stamped envelope containing a true and correct copy of this document to the applicant, at the following address:

Joseph Thomas Pollino
Skagit Valley Hospital
Human Resources Dept.
PO Box 1376
Mount Vernon, WA 98273-1376

Joseph Thomas Pollino


Dated this 2nd day of August, 2011

Signature: Tiffany Berisford
Tiffany Berisford, Legal Assistant



AGREEMENT TO PRACTICE WITH CONDITIONS

Joseph Thomas Pollino
 Skagit Valley Hospital
 Human Resources Dept.
 PO Box 1376
 Mount Vernon, WA 98273-1376

Joseph Thomas Pollino
 [REDACTED]

Application No. HCA.HC.60229558 No. M2011-1080

I agree with the Notice of Decision regarding my application for a credential and will practice subject to all of the following conditions:

1. Applicant's application for a credential to practice as a health care assistant in the state of Washington shall be **GRANTED** upon compliance with relevant regulatory requirements for credentialing. As condition of receiving this credential, applicant shall comply with the following terms and conditions.
2. On or about November 9, 2010, the Secretary of Health of the state of Washington entered an Agreement to Practice With Conditions, No. M2010-1155 (2010 Agreement) on Applicant's emergency medical technician license. The 2010 Agreement required Applicant to seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program, and then, if recommended, enter and comply with all aspects of that program.
3. Applicant shall comply with all conditions of the 2010 Agreement as follows:
 - A. Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program.

WHPS may be contacted at PO Box 47872, Olympia,
WA 98504-7872 or (360) 236-2880.
(Paragraph 2 of the 2010 Agreement)

4. All documents required by this Agreement shall be sent to the Department of Health, Compliance Unit at PO Box 47873, Olympia, WA 98504-7873.
5. Applicant agrees and understands that this Agreement constitutes the entire agreement. If Applicant signs this Agreement and submits it with any revisions to which the parties did not agree, the offer is withdrawn and the revised Agreement will be treated as a request for a hearing.
6. The effective date of this Agreement is the date that the Adjudicative Clerk Office receives the signed Agreement.

Applicant understands that the Secretary of Health (Secretary) will grant a credential to the Applicant, but only under the conditions described in this Agreement and provided Applicant meets relevant regulatory requirements for credentialing. The above conditions are effective the date your credential is issued. Applicant understands that there is no obligation to sign this Agreement. Applicant has a right to a hearing on the issues contained in the Notice of Decision, waives that right, and agrees to this Agreement.

This Agreement is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 61, RCW 18.130.110 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site. It is releasable to the public upon request pursuant to the Public Records Act, chapter 42.56 RCW. This Agreement shall remain part of Applicant's file and cannot be expunged.

//

//

//

//

//

//

Protection of the public requires practice under the conditions imposed in this Agreement. Failure to comply with the conditions of this Agreement may result in suspension of the credential after a show cause hearing. If Applicant fails to comply with the conditions of this Agreement, the Secretary may hold a hearing, present evidence of the Applicant's failure to comply with the conditions, and to require Applicant to show cause why the credential should not be suspended. Alternatively, the Secretary may bring additional charges of unprofessional conduct under RCW 18.130.180(9) and impose sanctions under RCW 18.130.160. In either case, Applicant will be afforded notice and an opportunity for a hearing on the issue of non-compliance.

Return this form to:
Adjudicative Clerk Office
Adjudicative Service Unit
Department of Health
PO Box 47879
Olympia, WA 98504-7879

Fax: (360) 586-2171

Signature:



 Joseph Thomas Pollino, Applicant

Date Signed:

8/8/2011

NOTE: Your application will be DENIED if you fail to return this form OR the Request for Hearing form within twenty-eight (28) days from the date shown at the bottom of the Notice of Decision.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Joseph T. Pollino
Master Case No.: M2011-1080
Document: Order of Release

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health and Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SECRETARY OF HEALTH**

In the Matter of

JOSEPH T. POLLINO

Credential No. EMT.ES.60171377

Credential No. HCA.HC.60229558

Respondent

No. M2010-1155

No. M2011-1080

**ORDER UPON COMPLETION
OF CONDITIONS**

This matter comes before the Secretary of Health (Secretary) on request for an order upon completion of conditions brought by the Compliance Officer for the Office of Emergency Medical Services and Trauma System Programs and the Health Care Assistant Program (Programs). The Presiding Officer, on designation by the Secretary of Health, issues the following:

1. PROCEDURAL STIPULATIONS

1.1 On November 9, 2010, the state of Washington issued Respondent a credential to practice as an emergency medical technician. Respondent's credential is currently active, subject to certain terms and conditions.

1.2 On August 25, 2011, the state of Washington issued Respondent a credential to practice as a health care assistant. Respondent's credential is currently active, subject to certain terms and conditions.

1.3 The Compliance Officer for the Programs requested Respondent's release from the terms and conditions and the authorization to practice as an emergency medical technician and as a health care assistant in the state of Washington without conditions.

1.4 This Order Upon Completion of Conditions is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 61, RCW 18.130.110 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site.

2. FINDINGS OF FACT

2.1 On November 9, 2010, the state of Washington issued Respondent a credential to practice as an emergency medical technician. Respondent's credential is currently active and subject to the Secretary's November 3, 2010 Agreement to Practice

ORDER UPON COMPLETION OF CONDITIONS
NOS. M2010-1155 & M2011-1080

PAGE 1 OF 4

ORIGINAL REINSTATEMENT ADMINISTRATIVE - REV 10-05

With Conditions (2010 Agreement). In the 2010 Agreement, Respondent was to comply with, among other terms, the following conditions:

- A. Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program. WHPS may be contacted at PO Box 47872, Olympia, WA 98504-7872 or (360) 236-2880. *[Paragraph 2 of the 2010 Agreement]*

2.2 On August 25, 2011, the state of Washington issued Respondent a credential to practice as a health care assistant. Respondent's credential is currently active and subject to the Secretary's August 15, 2011 Agreement to Practice With Conditions (2011 Agreement). In the 2011 Agreement, Respondent was to comply with, among other terms, the following conditions:

- A. On or about November 9, 2010, the Secretary of Health of the state of Washington entered an Agreement to Practice With Conditions, No. M2010-1155 (2010 Agreement) on Applicant's emergency medical technician license. The 2010 Agreement required Applicant to seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program, and then, if recommended, enter and comply with all aspects of that program. *[Paragraph 2 of the 2011 Agreement]*
- B. Applicant shall comply with all conditions of the 2010 Agreement as follows:

- a) Applicant shall seek a substance abuse evaluation through the Washington Health Professional Services (WHPS) program and then, if recommended, enter and comply with all aspects of that program. If Applicant fails to cooperate with WHPS during the initial substance abuse evaluation or comply with any aspect of the program thereafter, it will be a violation of this Agreement and may result in the Secretary of Health taking further disciplinary action against Applicant's credential. Applicant must contact WHPS and begin the evaluation process on or before thirty (30) days from the effective date of this Agreement. Applicant shall sign a release that allows WHPS to provide the Compliance Unit monitoring records and/or reports pertaining to Applicant's participation in the program. WHPS may be contacted at PO Box 47872, Olympia, WA 98504-7872 or (360) 236-2880. *[Paragraph 3 of the 2011 Agreement]*

2.3 The Compliance Officer for the Programs requested release from the terms and conditions of the 2010 Agreement and the 2011 Agreement.

2.4 The Programs reviewed Respondent's file to determine compliance with the 2010 Agreement and the 2011 Agreement and concluded Respondent has substantially complied with the terms and conditions.

3. CONCLUSIONS OF LAW

Based on the Findings of Fact, the Health Law Judge makes the following Conclusions of Law:

3.1 The Secretary has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 The request for an order upon completion of conditions was brought properly before the Secretary.

3.3 The request for release from the terms and conditions should be granted and the Program's oversight and monitoring of Respondent's compliance terminated.

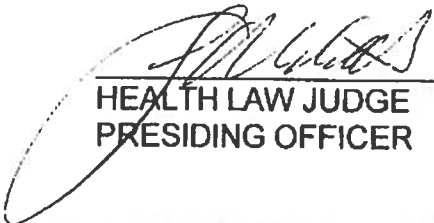
//

4. ORDER

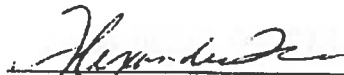
Based on the Findings of Fact and Conclusions of Law, the Secretary orders:

4.1 The request for release from the terms and condition of the 2010 Agreement and the 2011 Agreement is hereby granted and the Program's oversight and monitoring of Respondent's compliance terminated.

DATED: February 24, 2012


 HEALTH LAW JUDGE
 PRESIDING OFFICER

PRESENTED BY:


 ALEXANDER H. LEE, WSBA #35824
 DEPARTMENT OF HEALTH STAFF ATTORNEY

February 13, 2012
 DATE

JAY INSLEE
Governor



JOHN R. BATISTE
Chief

STATE OF WASHINGTON
WASHINGTON STATE PATROL

2700 116th St. NE • Marysville, WA 98271-9425 • (360) 654-1204 • www.wsp.wa.gov

October 08, 2019

Mr. Joseph Thomas Pollino

10000 1st St
Glenbrook, NV 89413

RE: Public Records Request of October 08, 2019, Reference # R012360-100819

Dear Mr. Joseph Thomas Pollino,

Thank you for your inquiry to the Washington State Patrol. Pursuant to RCW 42.56.520, this is notification that we have received your public disclosure request below.

“Any and all arrest and/or incident records. Two incidents: 1. Skagit County - DUI, Possession of Marijuana - 8/5/2007 - Skagit County Superior Court #08-1-00679-3 2. Snohomish County - Arrest for outstanding warrant from King County - Date Unknown - Case unknown”

Pursuant to the Secretary of State’s approved Record Retention Schedule these records have been destroyed, RCW 40.14.060.

This response completes your request. Should you have any questions, please feel free to contact us via our web portal at [https://wsp.govqa.us/WEBAPP/_rs/\(S\(n2tbm52daqt0egg1wcz3u2db\)\)/SupportHome.aspx](https://wsp.govqa.us/WEBAPP/_rs/(S(n2tbm52daqt0egg1wcz3u2db))/SupportHome.aspx).

Sincerely,
JJ Molstad
Public Disclosure Tracking Coordinator



Request for court records

From: Curtis, Becky R. (bcurtis@cob.org)

To:

Date: Monday, July 8, 2019, 02:56 PM PDT

Joseph

Per the Washington Secretary of State's General Records Retention Schedules, Bellingham Municipal Court is only required to retain court records for 3 years from the date the case was closed. Case number CB50237 was closed on 1/19/07 and as a result, the file has been destroyed. I have attached a copy of the court docket for your reference.

Feel free to call me directly at (360) 778-8124 if you have any questions.

Thank you.

Becky

Bellingham Municipal Court

From: Joey Pollino <joey_pollino@yahoo.com>
Sent: Monday, July 8, 2019 12:09 PM
To: MC - court@cob.org <court@cob.org>
Subject: Request for court records



Type here to search

