

CAREER AND LIFE PLANNING SAMPLE



AIM

Sample Physician Background Release Form

Your background
comes to the
foreground.

Sample Physician Background Release Form

A background check is a standard operating practice in the pre-employment phase. Employers will expect you to authorize a background check as a part of their due diligence.

Objectives:

By the end of this exercise the participant/candidate will be able to:

- Become familiar with the proactive of pre-employment background checks and the information addressed within their scope.



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How to Use This Tool:

Review this tool to develop a general understanding of the scope and nature of pre-employment background checks and their outcomes.

Instructions:

Review the sample to enhance your understanding of the scope and nature of background checks as well as actions related to their outcomes.

Related Resources:

TITLE	RESOURCE NO.
Pre-Credentialing Information for Physicians	S-01
Sample Physician Reference Check Evaluation Form	S-06
Credentialing Checklist	CL-06



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AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

I, _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention ("Employment"), ABC Hospital will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to ABC Hospital. ABC Hospital uses XYZ Company, a consumer reporting agency, as an agent to perform its Employment related background investigations.

XYZ Company will utilize various sources of information it deems appropriate including but not limited to: workers compensation records including any and all injuries in compliance with the Federal ADA Act, department of motor vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to ABC Hospital, and XYZ Company.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by ABC Hospital if Employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to ABC Hospital. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: XYZ Company, Street Address, City, State, Zip Code. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

(Continue on next page)



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LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed

Today's Date

Name as it appears on your driver's license

Position Applied For

____ - ____ - ____
Social Security Number

____ / ____ / ____
Date of Birth

Driver's License Number

State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address:

Mo./Yr. / Mo./Yr

Street

Apt.#

City

State

Zip Code

From / To?

Former Address:

Mo./Yr. / Mo./Yr

Street

Apt.#

City

State

Zip Code

From / To?

Former Address:

Mo./Yr. / Mo./Yr

Street

Apt.#

City

State

Zip Code

From / To?

Former Address:

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