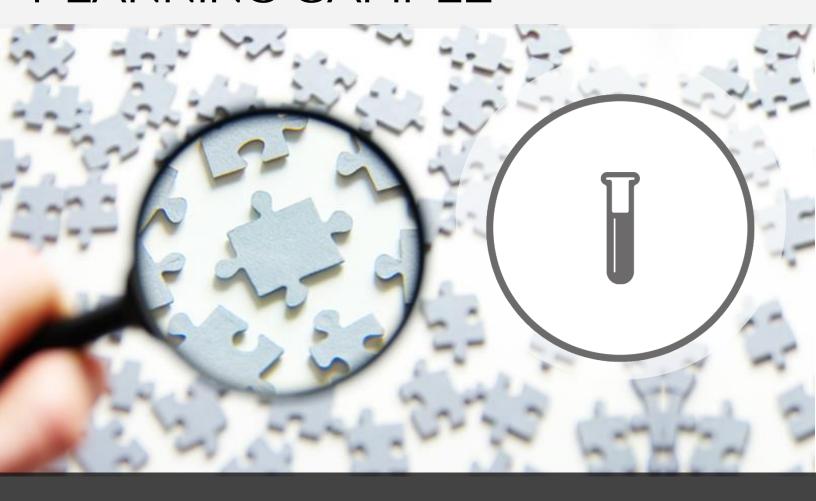
CAREER AND LIFE PLANNING SAMPLE





Sample Physician Sample Physician

AIM

Background Release Form



Your background comes to the foreground.

Sample Physician Background Release Form

A background check is a standard operating practice in the preemployment 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.





Sample Physician Background Release Form

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 |
| <u>Credentialing Checklist</u> | CL-06 |





Sample Physician Background Release Form

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

| l, | | | |
|-----------|------------|-------------|-----------------------------------------|
| 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 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)





Sample Physician Background Release Form

| <u> </u> | | T 1 / D : | | | |
|---------------------------------------------|----------------------|---------------------|------------|----------------------|------------------------------------------------------------|
| Name as it appears on your driver's license | | Today's Date | | | |
| | | Position Applied | | | |
| Social Security Number | / / Date of Birth | Driver's License | Number | | State |
| Other names you have use aliases: | d, or are also know | n as, including mai | den name, | name ch | anges and a |
| PI FASE PROV | IDE ALL RESIDENT | TAL ADDRESSES FO | OR THE PAS | T 7 YEAF | RS |
| T ELFIGET HOT | | | | | |
| | | | | | Mo./Yr. / Mo./Yr |
| | Apt.# | City | State | Zip Code | Mo./Yr. / Mo./Yr From / To? |
| Current Address: Street | | | State | | From / To? |
| Current Address: Street | | | State | | |
| Street Former Address: Street | Apt.# | City | | Zip Code | From / To? Mo./Yr. / Mo./Yr From / To? |
| Street Street Street Street | Apt.# | City | | Zip Code | From / To? Mo./Yr. / Mo./Yr From / To? |
| Street Former Address: Street Street | Apt.# | City | State | Zip Code Zip Code | From / To? Mo./Yr. / Mo./Yr From / To? Mo./Yr. / Mo./Yr |



