

## DISCLOSURE AND CONSENT FORM FOR STUDENT AND FACULTY BACKGROUND CHECK

Certain participating healthcare sites hosting students and their faculty in clinical rotation require a background check (i.e. Consumer Report) for all students and faculty participating in the clinical rotation program. A designated representative of each clinical site for which you are scheduled for rotation will review the results of your report to determine your eligibility to participate in clinical rotation activities on that site. No Consumer Report will be used in violation of any State or Federal law. Should any clinical site deny you eligibility to participate in clinical rotation on that site based on information contained in your report, you will be provided a copy of your report at no additional charge from the Consumer Reporting Agency (CRA) that provided the report. This agency will assist you in resolving any information on the report that you feel is in error. The personal information provided by you will be used solely for the purpose of obtaining your student background check. This information and the results of your background check will be kept confidential and secure at all times and will be made available only to the designated representative for each clinical site that requires a student background check.

I hereby authorize that a background check consisting of a criminal record check, sex offender search, validation of current and previous name and address information relating to me, and a search of the US government sanctions lists (EPLS, LEIE and OFAC) to be obtained from INTELLENET, INC. (contact # 800-979-1739), and that this report be made available for review by the designated representative of any clinical site on which I will be performing clinical rotation as a student that requires a student background check.

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

Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

The fee for the background check is \$ 24.50, and can be ordered either (1) online or (2) by mail.

To order online, go to [www.intellenet.net](http://www.intellenet.net) and click on [ENTER] to bring up login screen, then enter the following codes: Company ID = mednet User ID =clinical pwd = 72xtcy97 and double click [Login]. Enter information for previous 7 years into the form; enter credit card information and click [Submit] button. Note that amount is automatically set at \$ 24.50. If no entry errors are found, a Card Processing screen appears. Please verify card information and click [Process] button **only once**. At this point a charge of \$ 24.50 to your card will be submitted. If card is accepted, an Application Confirmation screen appears. Click on Print Application in the Confirmation box for a hardcopy of this transaction for your records. **For security of your personal information, you MUST LOGOUT upon completion.**

To order by mail, complete the following section and mail a copy of this form to INTELLENET, INC., 22 South Pack Square, Asheville, NC 28801 along with a money order payable to INTELLENET in the amount of \$ 24.50

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DLN \_\_\_\_\_ State: \_\_\_\_\_

Enter current name, and any previous names used within the past 7 years:

Current name: \_\_\_\_\_ Year first used: \_\_\_\_\_

Previous name: \_\_\_\_\_ Year first used: \_\_\_\_\_

Previous name: \_\_\_\_\_ Year first used: \_\_\_\_\_

Enter current address, and any previous addresses used within the previous 7 years:

Current: \_\_\_\_\_ Year residency began: \_\_\_\_\_

Previous: \_\_\_\_\_ Year residency began: \_\_\_\_\_

Previous: \_\_\_\_\_ Year residency began: \_\_\_\_\_

**NOTE: Upon completion of submission, please indicate date and method, and provide a copy of this form to the college coordinator to be maintained on file. [ ] Online [ ] Mail Date Submitted \_\_\_\_\_**