



Exhibit C Background Screening Attestation

Background Checks:

School has conducted a retrospective background check on all students assigned to the program and members of staff/faculty responsible for supervision and/or instruction prior to their participation in clinical activities. Unless Hospital is notified in writing, all background checks are negative.

The background check included in the following:

1. Social Security number verification.
2. Criminal Search (7 years)
3. Violent Sexual Offender and Predator registry
4. HHS/OIG/GSA
5. Other: _____

| | | | | | |
|-----------------------------------|-------------------|---------------|------------------|------------|------------|
| <u>Student:</u> (Please Print) | <u>First Name</u> | <u>Middle</u> | <u>Last Name</u> | <u>DOB</u> | <u>SSN</u> |
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Staff:

1. _____
2. _____

School acknowledges this information will be available to all Tenet affiliates as reasonably necessary.

School: _____

Name (Please Print) _____

Title: _____

Signature: _____