



# UA & UAB 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>
-----------------------------------	-------------------	---------------	------------------	------------	------------

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____
11.	_____
12.	_____
13.	_____
14.	_____
15.	_____



**Brookwood**  
Medical Center

- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_
- 21. \_\_\_\_\_
- 22. \_\_\_\_\_
- 23. \_\_\_\_\_
- 24. \_\_\_\_\_
- 25. \_\_\_\_\_
- 26. \_\_\_\_\_
- 27. \_\_\_\_\_
- 28. \_\_\_\_\_
- 29. \_\_\_\_\_
- 30. \_\_\_\_\_
- 31. \_\_\_\_\_
- 32. \_\_\_\_\_
- 33. \_\_\_\_\_
- 34. \_\_\_\_\_
- 35. \_\_\_\_\_
- 36. \_\_\_\_\_
- 37. \_\_\_\_\_
- 38. \_\_\_\_\_
- 39. \_\_\_\_\_
- 40. \_\_\_\_\_

Staff:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

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

School: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title: \_\_\_\_\_

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