



## UA & UAB Exhibit C

### Background Screening Information

Name as it appears on Social Security Card: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Instructor for this semester: \_\_\_\_\_

Attach a clear copy of school photo I.D. If school does not issue photo I.D.'s, a clear copy of driver's license must be attached.

#### Authorization

This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by Brookwood Medical Center or Tenet.

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

Printed Name: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

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