



PROVIDENCE REGIONAL MEDICAL CENTER MED STAFF # 7935
PHYSICIAN DISCLOSURE & RELEASE

800.999.9861
713.861.5959
info@precheck.com
www.precheck.com

APPLICANT'S FULL NAME
Any Other Names Used
Social Security No. / / Date of Birth
Current Address
City State Zip
Driver's License State No.

Please provide all locations where you have resided or practiced for the past ten (10) years, starting with your current residency.

Table with 6 columns: City, State, Dates, From, To. Rows 1-8 for listing residency/practice locations.

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a consumer report and/or investigative consumer report may be made in connection with my application for employment, contract or privileges with the respective facility.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the information mentioned above. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment, contract or privileges or their denial. I hereby discharge, release and indemnify the respective facility, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc. The authorization granted herein shall be effective throughout the term of my employment, contract or privileges.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

Signature Date

Upon your written request within a reasonable period of time, the investigative agency compiling a report will make a complete and accurate disclosure of the nature and scope of the investigation. In addition, if you are denied employment, contract or privileges either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such a report.

1 The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.
2 A "Consumer Report" may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.
3 An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.