



NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT FOR A PROSPECTIVE EMPLOYEE OR VOLUNTEER

I, the undersigned consumer, do hereby authorize Essent Healthcare, Inc. and its subsidiaries (EMPLOYER) by and through its independent contractor, Certiphi Screening Inc., to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with EMPLOYER. These above mentioned reports may include, but are not limited to, the following searches within the noted Level relevant to the position:

♦Level I - will be conducted on all individuals and includes: Employment and Education Verifications, Personal References, Personal Interviews, Social Security Number Verification, Criminal Records Search (7 years of residency history or up to 5 criminal searches), FACIS Level I (Fraud and Abuse Control Information System which includes OIG/GSA and other federal sources,) National Law Enforcement Submission, Sexual Offender Registry, Terrorist Watch List Search, and any other state required searches for the state where the hospital is located..

♦Level II - will be conducted on all individuals whose positions are Professional Licensed/Certified Personnel in the Hospital. This search will include in addition to Level I (above,) FACIS Level III (Fraud and Abuse Control Information System which includes OIG/GSA and other federal sources,) Professional License/Certification Verification, an Education Verification, and any other state required searches for the state where the hospital is located..

♦Level III - will be conducted on all individuals whose positions are department head, or higher within the organization. This search will include in addition to Level I (above,) FACIS Level III (Fraud and Abuse Control Information System which includes OIG/GSA and other federal sources,) Federal Criminal District Court Search-National, Federal District Bankruptcy Records Search, and any other state required searches for the state where the hospital is located.

Additional Searches – Job Specific:

♦A Motor Vehicle Report will be conducted on all individuals who will drive company vehicles or who will drive as part of the job.

♦A Consumer Credit Report will be conducted on all individuals whose positions require fiduciary responsibility (handling money or performing financial operations for the Hospital.) This may include those performing cashier work; payroll; accounting; or finance personnel.

By signing below I (i) certify that all information is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, independent contractor status, promotion, retention, or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize Certiphi and any person or entity contacted by Certiphi to furnish the above mentioned information; and (vii) facsimile or e-mail copies of this authorization are as valid as an original. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Certiphi, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. Certiphi may be contacted by mail at P.O. Box 541, Southampton, PA 18966, or by phone at (800) 260-1680.

Signature: _____

Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY (PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE DATE OF BIRTH* GENDER* (M or F)

TYPE OR PRINT NAME (last, first, middle initial) OTHER NAMES USED (alias, maiden, nickname) YEARS USED

CURRENT ADDRESS

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVING HERE

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS (If you need additional space please use the back of this form)

STREET/P.O. BOX CITY STATE ZIP COUNTY DATES LIVED HERE

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EDUCATION

INSTITUTION NAME INSTITUTION ADDRESS (CITY, STATE) DATE GRADUATED

DATES ATTENDED DEGREE RECEIVED

PROFESSIONAL LICENSE/CERTIFICATION

LICENSE/CERTIFICATE TYPE (NO ABBREVIATIONS) LICENSERCIFICATION NUMBER STATE ISSUED

ISSUE DATE EXPIRATION DATE

Have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license (s) or certification (s)? Yes No If yes, please attach a complete explanation.

If you need additional space to provide requested information, please complete on a separate page. *Without this information, we will be unable to properly identify you

in the event we find adverse information during the course of our background investigation.