

**RESIDENT/FELLOW CONSENT TO ELECTRONIC  
DISCLOSURE AND AUTHORIZATION  
BACKGROUND CHECK**

I affirmatively consent to the primary training site, Erlanger Health System (“Erlanger”), and the sponsoring institution, The University of Tennessee College of Medicine Chattanooga (“UT”), electronically providing me the disclosures required by the U.S. Fair Credit Reporting Act (the “FCRA disclosures”). I also affirmatively consent to electronically providing my authorization under the Fair Credit Reporting Act (the “authorization”) for Erlanger and UT to obtain a consumer and/or investigative consumer report (either, a “Report”) on me. I understand that the FCRA disclosures and authorization are contained in a single document known as the Fair Credit Reporting Act Disclosure and Authorization (the “FCRA Disclosure and Authorization”).

I hereby authorize Verified Credentials, Inc., a Minnesota corporation (“Verified Credentials”), and its designated agents to conduct a comprehensive review of my background through a Report to be generated for use by Erlanger and UT with respect to my appointment as a Resident or Fellow, promotion, reassignment, or retention as an employee. I understand that the scope of the Report may include, but is not limited to, the following areas: names and dates of previous/current employment, work experience, criminal history records (from local, state, federal, international and other law enforcement agencies’ records), sexual offender lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/Patriots Act, any sanction lists, FBI finger printing, and drug testing.

I understand that I may retain a paper copy of the FCRA Disclosure and Authorization by printing out a copy (if a printer is available) when I review it electronically or by requesting a paper copy from the Erlanger Human Resources Department, 975 East 3rd Street, Chattanooga, TN 37403, or UT College of Medicine Chattanooga, 960 East 3<sup>rd</sup> Street, Suite 104, Chattanooga, TN 37403, at no charge.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my appointment as a Resident or Fellow with UT. I hereby release and hold harmless Verified Credentials and its agents, officials, representatives or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization or as a result of such inquiries or disclosures. I further understand and waive any right of privacy I may have with respect to information disclosed in this investigation and release and hold harmless Erlanger, UT and Verified Credentials, Inc., from any liability for collection and use of the information.

I certify that all information provided by me in my application for appointment as a Resident and Fellow is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for termination of my appointment at any time. I

understand that information found as a result of the Report will be used in making a decision to finalize my appointment as a Resident or Fellow.

I understand that I have the right to withdraw this Consent to Electronic Disclosure and Authorization by contacting the Erlanger Human Resources Department, 975 East 3rd Street, Chattanooga, TN 37403, or UT College of Medicine Chattanooga, 960 East 3<sup>rd</sup> Street, Suite 104, Chattanooga, TN 37403. If I withdraw this Consent, and Erlanger has not yet obtained a Report on me, I understand that I may be asked to sign a paper FCRA Disclosure and Authorization, and that if I fail or refuse to sign a paper FCRA Disclosure and Authorization, I understand that UT will not consider me for appointment as a Resident or Fellow. If I am appointed and thereafter withdraw this Consent, I understand that I may be asked to sign a paper FCRA Disclosure and Authorization.

I understand that this Consent applies to the current procurement by Erlanger and UT of a Report on me. I further understand that this Consent applies to any future procurement of a Report on me for employment purposes at any time during my appointment at Erlanger and UT

I understand that if there is any change in the e-mail address I provide herein, I may provide an updated e-mail address to the Erlanger Human Resources Department, 975 East 3rd Street, Chattanooga, TN 37403, and UT College of Medicine Chattanooga, 960 East 3<sup>rd</sup> Street, Suite 104, Chattanooga, TN 37403.

I understand that to access and complete the FCRA Disclosure and Authorization, I must be able to view it on a computer monitor, which I may do by using any computer with an Internet browser. I understand that once I have electronically submitted the FCRA Disclosure and Authorization, I will not be able to electronically access or retain it. I understand that I can receive a paper copy of the FCRA Disclosure and Authorization at no charge to me by contacting the Erlanger Human Resources Department or UT College of Medicine Chattanooga as outlined above.

I have a right under the U.S. Fair Credit Reporting Act and comparable state laws to obtain a copy of my Report by providing proper identification and directing a written request to Verified Credentials, Inc., 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934.

Digital Signature will be affixed online.