



Physician Release and Authorization

Please read carefully

Please complete the Release and Authorization form and Candidate Qualification Summary to start the interview process. We will not check references until you submit the completed Professional Reference Form to us.

I authorize Search Resource Group, LLC (SRG) to confirm information contained on any document that I provide to them, including my curriculum vitae (CV). SRG may gather the information from various sources including, but not limited to, prior employers or co-workers, public records, state boards, academic institutions, and personal references. I consent to SRG sharing this information with SRG clients and affiliates.

I authorize SRG to conduct background and reference checks on me upon my submission of the completed reference form. This information may include information concerning my education, licensing, work history, medical information, malpractice claims, insurance eligibility, and criminal history. I authorize individuals, organizations, previous employers, schools, and the Federation of State Medical Boards to provide any information they may have regarding me. This may include otherwise privileged or confidential information relating to my professional qualifications, credentials, clinical or professional competence, or any matter related to my consideration of a practice opportunity offered through Search Resource Group, LLC and its agents from liability or damages that may result from the release of information described above.

I agree that a photocopy of this information is to be accepted with the same authority as the original, and I waive notice from any present or former employer or organization that may provide information based upon this authorized request. I acknowledge that I have read and I understand that foregoing disclosure and I consent to receive phone calls from Search Resource Group, LLC and its affiliates regarding services. I understand that upon my written request SRG will disclose to me the nature and substance of the information obtained during the referencing process in accordance with federal law. A written request should be addressed to: Background Check, **Search Resource group, LLC, 10554 Evergreen Spring Place, Raleigh, NC 27614 and mailed or sent via facsimile to (919) 443-1265.**

The Physician whose name is below is certifying that they agree to

First Name, Middle Initial, Last Name

Date

Maiden / Former Name / A.K.A

Preferred Contact Phone Number

Street Address

City, State, Zip



Physician Qualification Summary

Please select Yes or No to the following Questions. If you answered yes, please provide details along with any supporting documentation.

Yes No

1.) Have you ever been convicted of a crime? If so, please explain

Yes No

2.) Have you ever been subject to any civil litigation? If so, please explain

Yes No

3.) Have you ever had a Malpractice Settlement? If so, please explain

Please provide basic details of settlements

Date and the Amount of settlement

Yes No

4.) Has your Medical License or DEA registration been involuntary or voluntary limited, reduced, suspended, surrendered, denied, diminished, revoked, or not renewed by and State or Federal board or agency?
If yes please provided explanation:

Yes No

5.) Have you ever been notified to appear before any license agency for a hearing or a complaint?
If so, please explain

Yes No

6.) Have your privileges at any hospital been involuntary or voluntary limited, reduced, suspended, surrendered, denied, diminished, revoked, or not renewed?
If so, please explain



Physician Qualification Summary

Please select Yes or No to the following Questions. If you answered yes, please provide details along with any supporting documentation.

	Yes	No
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7.) Has any insurance carrier of yours cancelled, refused coverage or rated up in the past? If so, please explain	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>		

	Yes	No
<hr/>		
8.) Have you ever abused prescription drugs or used illegal drugs? If so, please explain	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>		

	Yes	No
<hr/>		
9.) Do you have any reason why you might be denied hospital privileges? If so, please explain	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>		

	Yes	No
<hr/>		
10.) Are you a US Citizen? If no, please explain	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>		

Disclaimer and Signature

By signing below, I certify that all information submitted in this qualification summary is true and complete. All information is considered material and important. Should SRG's Client agree to be bound under the terms of this application to provide liability coverage, it is understood the policy would be void if it is found that there was any attempt to mislead, defraud or lie about any information contained in this application..

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

A photocopy of this document shall be acceptable proof to anyone receiving it of my full authorization.

By Checking this Box, you are certifying that the name below is the person completing this form.

Candidate Signature		Date	
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Complete this form and click "Submit by Email" button to send us this form. Please attach your most recent curriculum vitae (CV). You may print and Fax this form and your CV to (919) 443-1265 Attention CV Team.