

## VERIFICATION CONDITIONS AND RELEASE OF INFORMATION

1. All statements or information provided on this application are subject to primary source verification and you are authorizing USCG Credential Verification Office (CVO), on behalf of the U.S. Government to obtain and verify as much of the following information as may be necessary to arrive at an employment decision.
  - a. Official college transcripts.
  - b. Letters of Recommendation to include scope of practice and malpractice events.
  - c. Professional and specialty certificate(s) and license(s).
  - d. Statement from **ANY** malpractice insurance carriers (including umbrella insurance coverage for residency and internship) dating back 10 years indicating nature of applicant's coverage; whether applicant's policy was/will be renewed; whether any malpractice claims were filed against the applicant under the policy, and the status of these claims.
  - e. Professional Employment History.
  - f. National Practitioner Data Bank Query.
2. All false or misleading information on this applicant, or withholding of pertinent information, will result in a delay of the certification procedure and will additionally affect the review process.
3. With your signature below, you are indicating that you have read and understand the above statements concerning the verification process.

**I consent to the release, by any person to CVO, of all information that may be relevant to an evaluation of my qualifications, including information about disciplinary actions or other confidential or privileged information. I release from any and all liability anyone providing this information in good faith and without malice.**

**This information is accurate and true to the best of my knowledge.**

Signature

Date

Applicant's Name

Witness

Date

Your signature acknowledges that you have been advised of the foregoing, that you authorize release of information from entities that can assist in verification of your credentials, including facilities where the applicant may currently hold privileges, individuals, and organizations that provide information concerning the applicant's participation in Coast Guard health care activities, allowing for primary source verifications, and that you hold the United States Coast Guard, the USCG Auxiliary, and any authorized individuals involved in the credentialing process and all individuals and organizations who provide information harmless as long as they are acting in good faith and without malice for actions taken during the credentials verification and privileging process.

### Privacy Act Notice

**Authority:** The authority for collection of information including social security number (SSN) is found in the Privacy Act of 1974, 5 U.S.C. § 552a.

**Purpose:** This form provides the advice required by the Privacy Act of 1974. The personal information will facilitate and document our verification of your credentials. The SSN and date of birth for the member is required to identify and retrieve credentials verification documents.

**Routine Uses:** The primary use of this information is to provide, plan, and coordinate member's credentials and privileging information. This will aid the privileging authority to review the member's academic qualifications, make a determination of the member's clinical competence, and grant appropriate privileges requested.

**Disclosure:** For all personnel, the requested information is mandatory because of the need to document all credentials and privileging data. Furnishing this information (including your SSN) is voluntary; however, if the requested information is not furnished, establishment of eligibility and granting of privileges will not be possible. This information may be used by and disclosed to Department of Homeland Security (DHS) and Department of Defense (DoD) personnel and contractors or other agents who need the information to assist in activities related to credentialing and privileging of healthcare providers.