



QUILLEN
COLLEGE of MEDICINE

EAST TENNESSEE STATE UNIVERSITY

**ETSU Resident Physician
Attestation Form for Background Check**

To be completed by the resident:

Name: _____
 First Middle and/or Maiden Last

Release:

I agree to allow the ETSU Office of Graduate Medical Education to provide data regarding my background check report for the purpose of _____

Resident's signature _____

To be completed by ETSU Office of Graduate Medical Education:

Background Screening Vendor: _____

Completion Date of Background Screening Results: _____

I acknowledge that the resident's background check results are on file with our office and meets the requirements for the resident listed above.

ETSU GME Representative's Signature

ETSU GME Representative's Name (Print)

Title

Date