



CertifiedBackground.com

Student Instructions

Background Check Required

The above organization requires that each student purchase a background check through CertifiedBackground.com.

About CertifiedBackground.com

CertifiedBackground.com is a background check service that allows students to purchase their own background check. The results of a background check are posted to the CertifiedBackground.com website in a secure, tamper-proof environment, where the student, as well as the organizations can view the background check.

To order your background check from CertifiedBackground.com, please follow the instructions below.

Instructions

1. Go to www.CertifiedBackground.com and click on "Students."
2. In the Package Code box, enter package code:
3. Select a method of payment: Visa, MasterCard or money order.

Once your order is submitted, you will receive a password to view the results of your background check. The results will be available in approximately 48-72 hours. Once your background check is complete, please provide your organization with the password in order to share your background check results.

Notes

RELEASE FOR CRIMINAL BACKGROUND CHECK

Due to the nature of the practice of anesthesia – including continuous responsibility for the lives and well-being of patients and having continual access to scheduled substances – individuals with criminal records generally are not suitable candidates for participating in the Master of Medical Science Program, Department of Anesthesiology, Emory University School of Medicine. In so far as students are present and participate in the clinical practice of anesthesia, Emory University will perform a criminal background check on each applicant to the Master of Medical Science Program. Applicants must complete and submit a release form with their application document. Results from the background check will be used in evaluating the applicant's eligibility for admission.

APPLICANT

- (1) Enter your background check password and full name on the lines below.
- (2) When you print out this application document, have your signature notarized.
- (3) Return the notarized copy with the printed application document.

Enter your password from www.certifiedbackground.com here: _____

Emory University Consent to Release of Personal Records and History

I, _____ (ENTER FULL NAME), hereby give permission to Emory University through www.certifiedbackground.com and its employees and agents to perform a criminal background check in accordance with the laws of Georgia, which background check is required by Emory University as a condition of participation in Emory University's clinical education programs. Further, I give permission to www.certifiedbackground.com to share the information gained from said background check with Emory University's Master of Medical Science Program in the Department of Anesthesiology for use by that Program in evaluating eligibility for admission and participation and to provide to any of its clinical education sites (which current sites are listed on the following page and for which an updated listing will be posted in the Program Office of the Master of Medical Science Program, Department of Anesthesiology, Emory University School of Medicine) for the purpose of fulfilling participation requirements with said clinical education sites.

SIGNATURE

DATE

IN WITNESS HEREOF

DATE

NOTARY SEAL