

**ISU's Attestation of Background Investigation  
For EIRMC**

On behalf of ISU's \_\_\_\_\_ PROGRAM, I acknowledge and attest to **EASTERN IDAHO REGIONAL MEDICAL CENTER** that we own, and have in our possession, a background investigation report on the individual identified below. Such background investigation report is satisfactory in that it:

- \_\_\_\_\_ does not reveal any criminal activity (any type of violence / theft)
- \_\_\_\_\_ confirms the individual is not on either the GSA or OIG exclusion lists
- \_\_\_\_\_ confirms the individual is not listed as a violent sexual offender
- \_\_\_\_\_ confirms this individual is not on the U.S. Treasury Department's Office of Foreign Assets Control list of Specially Designation Nationals

**I further attest that I am not aware of any other prior or pending investigations, reviews or sanctions.**

Identified Student / Faculty to the Background Investigation:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

I also acknowledge and agree to an annual compliance audit, by EIRMC, of five percent (5%) or a minimum of (30) of the background investigation files prepared for on behalf of EIRMC as authorized by the subjects under the Fair Credit Reporting Act (FCRA).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Authorized Representative Title

Date: \_\_\_\_\_