

**VANDERBILT UNIVERSITY MEDICAL CENTER
OFFICE OF GRADUATE MEDICAL EDUCATION**

**Consent and Authorization for Release of Information
and Waiver of Liability**

By applying for a house staff position or a transfer to or from another house staff position either at Vanderbilt University Medical Center (“Vanderbilt”) or other sponsoring institution, I hereby signify my willingness to appear for interviews with regard to my application and/or transfer, and I authorize representatives of Vanderbilt, Vanderbilt University Hospital, the Office of Graduate Medical Education, or representatives of the sponsoring institution(s) or other organizations, to consult with representatives of Vanderbilt, including the Graduate Medical Education Office, or representatives of other hospitals, medical staffs, sponsoring institutions, educational institutions, medical associations, institutions, state medical boards, or professional licensing authorities with which I have been or seek to be associated. I further authorize a criminal background check and contact with any of the other entities described above and any others who may have information bearing on my professional competence, character and ethical qualifications, to release and receive information, including but not limited to my performance, including any disciplinary actions, coverage and claims information from past and present malpractice insurance carriers. I also understand that Vanderbilt will check all applicants against the Office of Inspector General’s list of people excluded from federal healthcare programs and if I have held a state medical license, that the National Practitioner’s Data Bank will also be checked and I authorize these additional inquiries.

I hereby further consent to the release of all information including copies of all records and documents by and to any of the following: representatives of Vanderbilt or any sponsoring or educational institutions, representatives of other such institutions, employers, hospitals, their medical staff, clinical staff and house staff, third party payors, accrediting bodies, and authorized managed care organization. These records may include malpractice claims history, medical staff and/or house staff files, a summary evaluation, and any other pertinent records, education records, including those for other educational training programs at hospitals with which I am or have been affiliated, which may be material to an evaluation of my professional qualifications, privileges, competency, ability to carry out my professional practice, as well as moral and ethical qualifications as a member of the house staff of Vanderbilt or other sponsoring institution.

I understand this information will be used as part of my application or transfer process in the expectation that it will be released or disclosed as part of the application and/or credentialing process pursuant to my application or transfer, and for other peer review and quality assurance processes as deemed necessary by Vanderbilt and sponsoring institutions.

I hereby release from liability and hold harmless all representatives of Vanderbilt University, Vanderbilt University Medical Center, the Vanderbilt Office of Graduate Medical Education, any participating organizations, hospitals, clinical staff, and representatives of any education or sponsoring institution, for their acts performed in good faith and without malice in connection with evaluating my application and my credentials.

Name (printed or typed): _____

Signature: _____ Date: _____

Witness: _____ Date: _____