



REGIONAL INSTITUTE
FOR HEALTH AND ENVIRONMENTAL LEADERSHIP
PRIMARY CARE MOVERS AND CHANGERS (PCMAC)



APPLICATION SIGNATURE PAGES

BACKGROUND CHECK AUTHORIZATION

To help assure the safety of its participants, Primary Care Movers and Changers accepts fellows contingent upon the receipt of satisfactory results of a criminal background check. The Institute may also conduct employment, previous employment and educational background checks. Accordingly, the following information is required. The information that you provide will not be given by the Institute to any person or used by the Institute for any purpose other than this background check. Failure to provide the requested information will bar your acceptance to the program, and illegible information may cause delays in processing.

Last name _____ First name _____ Middle name _____

Date of birth (mm/dd/yyyy) _____ Current home phone number _____

In the past seven years, if you have you ever used a name(s) other than that provided above, please list all names used (including maiden name): _____

Social Security # _____ - _____ - _____ Current Driver's License # _____ State _____

Please provide your complete residential addresses for the last seven years (back through March 2011).

Please attach a list of additional addresses to this document if needed. Specific dates (month and year) required.

PRESENT HOME ADDRESS: From (mm/yyyy): ____/____/____ to ____/____/____					
Street/Apt.#	City	County	State	Zip	
PREVIOUS HOME ADDRESS: From (mm/yyyy): ____/____/____ to ____/____/____					
Street/Apt.#	City	County	State	Zip	
PREVIOUS HOME ADDRESS: From (mm/yyyy): ____/____/____ to ____/____/____					
Street/Apt.#	City	County	State	Zip	
PREVIOUS HOME ADDRESS: From (mm/yyyy): ____/____/____ to ____/____/____					
Street/Apt.#	City	County	State	Zip	

In connection with this request, I authorize all corporations, organizations, agencies, employers, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services, and persons to release information they may have about me to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

Applicant signature: _____ Date: _____

This **APPLICATION SIGNATURE PAGE** is part of the application to Primary Care Movers and Changers. Please complete and upload this signature page to your online application by March 15, 2018. Thank you.