

## **Background Check for Athletic Training Majors**

### Instructions and Information:

The University of the Incarnate Word performs background checks on incoming students to insure the safety of the patients/student-athletes treated by students in the program while students are conducting the clinical portion of their education. The checks are conducted by Pre-Check, Inc. for the University of the Incarnate Word.

In order for Pre-Check to conduct a thorough search, the release form must be completely filled out. The payment of \$48.50, either by money order or credit card, must be submitted with the release forms, or the background check will not be processed. The release form and the payment information must be received by August 1<sup>st</sup> to ensure proper time to process prior to the initiation of clinical placement.

The release form and payment can be mailed to the address below or faxed to 1-800-207-2778. Money orders cannot be faxed.

PreCheck, Inc.  
Attn: Data Entry  
1283 N. Post Oak Blvd.  
Houston, Texas 77055

PreCheck will not use your information for any other purposes other than a background check. Your credit will not be investigated, and your name will not be given out to any businesses. Please direct any questions about the background checks to the Athletic Training Education Program Director at the university.



**UNIVERSITY OF THE INCARNATE WORD – ATHLETIC TRAINING EDUCATION  
STUDENT DISCLOSURE & RELEASE**



Credentialing and background investigation

STUDENT'S FULL NAME \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Name of School Attending \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_

Current Address \_\_\_\_\_

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

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Please list the last 7 years of Place of Residence

City

State

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

Falsification of information on this form may be grounds for denial of clinical privileges.

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Credentialing and background investigation

Pursuant to the requirements of the Fair Credit Reporting Act, **I acknowledge that a credit report, consumer report<sup>2</sup> and/or investigative consumer report<sup>3</sup> may be made in conjunction with my application for clinical privileges.** (including contract for services). I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that my college and PreCheck, Inc. may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my educational/school records, driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

**I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the information mentioned above. A photocopy of this authorization shall have the same effect as the original.**

I understand the information obtained will be used as one basis for extension or denial of clinical privileges. I hereby discharge, release and indemnify the prospective employer, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

I hereby give permission to PreCheck Inc. to disclose the contents of the report to my college and any healthcare facilities I come in contact with as part of my clinical education.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc. The authorization granted herein expires one year from the date hereof. I have read and understood the above information, and assert that all information provided by me is true and accurate.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you are denied clinical privileges, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

<sup>2</sup> A "Consumer Report" may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

<sup>3</sup> An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.

**Method of Payment (\$48.50)**

Visa  Master Card  American Express  Money Order

Credit Card Number \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

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