



Consent To Release Information

I, _____, authorize ConTemporary Nursing Solutions, Inc. (CTS) to release all information regarding my background and work suitability to potential clients where I may be assigned.

Documents to be faxed include but are not limited to:

- Licensure/Certification/Registration
- BLS Certification
- ACLS, PALS, NRP, and other credentials
- Employment history from the application
- Physical/Health Attestation Statement (updated annually)
- PPD (updated annually) or Chest X-ray (good for 3 years)
- JCAHO Competency/Compliance (updated annually)
- Test scores
- Skills Checklist (updated annually)
- References
- Evaluations
- Resume
- Personal Identification Information (Social Security Number, Date of Birth) as requested by clients
- Criminal Background Results
- Urine Drugs Test Results

I understand and agree that if I submit a completed history and physical examination, which may include personal health information and/or disabilities; it will be released to potential clients. I release CTS from any liabilities associated with the release of this information

I also understand and acknowledge that it is my responsibility to maintain and update all dated requirements with the Recruiting Department as needed.

Employee Signature: _____ Date: _____

Witness: _____ Date: _____

Return the completed form to the Credentialing / Recruitment fax: 703-354-0852 or bring with you to your interview appointment.