

ACKNOWLEDGEMENT AND UNDERSTANDING

As a person providing services to or receiving clinical instruction from the Hawaii Health Systems Corporation (HHSC), I hereby authorize HHSC to conduct periodic background checks with the following agencies: Office of Inspector General (OIG), General Services Administration, State and Federal Criminal History Data Centers and any other agencies required or permitted by applicable laws and regulations to retain information concerning misconduct.

Also, I understand that during my service or clinical instruction period with HHSC, I am required to notify my facility's Human Resources Office when I am convicted of, plead guilty or no contest to or enter a deferred adjudication, or other similar arrangement or program with respect to, any crime, felony or misdemeanor. I understand further that convictions, pleas or entry into programs, other than those noted on the HHSC application or those treated as excludable by OIG or GSA, will not automatically disqualify me from providing services to or receiving clinical instruction from HHSC. A suitability review may be conducted depending on the nature of the offense(s).

Failure to notify the respective Human Resources Office regarding any of the above concerns may result in disciplinary action up to and including termination of my services or clinical instruction.

Print Name

Date

Signature