

BACKGROUND REPORT CONSENT AGREEMENT

In consideration of my nomination for a position on the American Board of Perianesthesia Nursing Certification, Inc. (ABPANC) Board of Directors, I understand that ABPANC will conduct a background investigation and may use a third party to provide these services.

I understand that information will be collected related to suitability for service on the ABPANC Board of Directors. The specific types of information that will be collected may include, but is not limited to, some or all of the following:

- Records related to criminal behavior;
- Civil court filings;
- Licensure status and disciplinary history;
- Educational history; and
- Employment history.

This information may be gathered online, through public or educational records, or through interviews with employers or anyone else who may have knowledge of such information.

I understand that I may request and receive a copy of the investigative background report.

By signing below, I am authorizing ABPANC to obtain an investigate background report on me as part of ABPANC's Board of Director candidate background screening process as described above. In addition, I hereby waive all claims against ABPANC arising out of my participation in ABPANC's candidate background screening process, including (but not limited to) claims arising out of a denial of eligibility for service on the ABPANC Board of Directors. This waiver does not extend to claims based on the gross negligence or intentional misconduct of ABPANC.

Agreed:

Signature: _____ Date: _____

Print Name: _____