



Master of Medical Science Program in Anesthesiology
57 Executive Park South
Suite 300
Atlanta, GA. 30329

Criminal Background Check Attestation & Release Form

I understand and acknowledge the following:

Due to the nature of the practice of anesthesia – including continuous responsibility for the lives and well-being of patients and having continual access to scheduled substances – individuals with criminal records generally are not suitable candidates for participating in the Master of Medical Science Program in Anesthesiology, Emory University School of Medicine.

Specifically, Emory University will require a criminal background check on each applicant admitted to the Master of Medical Science Program prior to matriculation. Admitted students must complete this background check **at their own expense** using the agency identified by the Program not less than 8 weeks prior to matriculation. No other background checks will be accepted. Students will be required to submit additional background checks during their enrollment as required by Program and the clinical sites.

I acknowledge that applicants are not eligible for admittance to the Master of Medical Science Program in Anesthesiology, Emory University School of Medicine if they have a felony conviction, plea, or adjudication withheld, or any disqualifying misdemeanor, for which a pardon or exemption for disqualification has not been received, including but not limited to:

- Rape or sexual abuse or molestation
- Abuse, endangerment, or neglect of a child, disabled person, or elderly person
- Driving under the influence
- Drug possession
- Crimes or offenses involving moral turpitude
- Other offenses that would prevent clinical site credentialing

I understand that if a background check reveals information that would prevent clinical site credentialing, my admission offer will be withdrawn. Acceptance into the program does not imply or guarantee that I will be able to obtain licensure or employment.

By signing below, I attest that I have no felony convictions or major misdemeanors that would prevent me from obtaining appropriate credentialing at clinical sites. I understand that providing false information on this form or during the application process may result in the withdrawal of an admission offer or dismissal from the program. I also consent to the release of the background check to Emory and to any agency or facility that is affiliated with Emory as a site for clinical education. I hereby waive any privilege concerning my background check results for the purposes authorized above, and I hereby release Emory from any and all claims, liability, and damages that might arise from the use and/or disclosure of such information pursuant to this authorization.

Applicant Name (Printed): _____

Applicant Signature: _____ **Date:** _____