Exhibit B

MHA Management Services Corporation - Background Check Request Form

5/24/2011

MHA Management Services Corporation P.O. Box 6766, Jefferson City, MO 65102 Phone: 573/893-3700 Fax: 573/893-7669	Name: Southeast Missouri Hospital College of Nursing and Health Sciences, 2001 William St., Cape Girardeau, MO 63701 Phone: 573-334-6825 Fax: 573-339-7805

First Name	Middle Name	Last Name

Alias/Maiden Name	Check Alias Name?	Will Employee's Salary Exceed $75,000?
	☐ YES - *Additional Charges May Apply* ☐ NO	☐ NO ☐ YES

Social Security Number	Date of Birth	Race	Gender
	- -		☐ M ☐ F

Mailing Address (NO P.O. Boxes)	City	State	Zip

As part of the ☐ employment ☐ volunteer ☐ student ☐ credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for ☐ employment ☐ volunteer ☐ student ☐ credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports.
This consent will remain effective until I have affirmatively revoked it.

_____ **DATE:** _____/_____/_____
Signature of Applicant

BACKGROUND SEARCHES

☐ **OIG** *(Medicare/Medicaid Fraud & Abuse)* ☐ **GSA** *(Federal Procurement Fraud)* ☐ ****FCSR** *(Must Fax Necessary Documents)*
☐ **SSN Verification Plus** *(Address & Alias Name are included)* ☐ **Address Verification** ☐ **Alias Name Search**

☐ **Government Watch List**
(includes *DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)*

☐ ***MO DSS (**Child Abuse/Neglect) - *Need Address/No P.O. Boxes* ☐ **TN Abuse Registry**
☐ ****MO Mental Health Employee Disqualification Registry**

Federal Courts through PACER: ☐ **Nationwide or** ☐ **State 1:** _____ **Sex Offender:** ☐ **Nationwide or** ☐ **State 1:** _____

☐ **Driving Record Check: State** _____ **DL#** _____ *(You will be notified if release is needed)*

☐ **Professional License Verification: State** _____ **Type:** _____ **License Number:** _____

☐ **Education Verification** *(You will be notified if release is needed)*
School Name: _____ **City/State:** _____/_____ **Graduation Date:** ____/____/_____
Degree Type Earned: _____ ***(BSN, B.A., etc.)*** **Major:** _____ **Alias While Attending:** _____
If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

☐ **Employment Verification**
Company: _____ **Address:** _____ **City/State:** _____/____
Phone: _____/_____-_____ **Supervisor:** _____ **Starting Date:** ____/____/_____ **Ending Date:** ____/____/_____
Title: _____ **Duties:** _____
Starting Wage: $_____ ***Yr/Hr*** **Ending Wage: $**_____ ***Yr/Hr*** **Reason for Leaving:** _____
If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

States with county by county access only: CA, MA, WV and WY

County 1:_____**State:** _____ **County 2:**_____**State:** _____ **County 3:**_____**State:** _____

☐ **Puerto Rico Repository (*Felony Only Search* & requires Mother's Maiden Name)** _____

STATEWIDE CRIMINAL

A Statewide/State Repository houses records from all jurisdictions throughout the state.

☐ **AL*** ☐ **AK** ☐ **AZ** ☐ **AR*** ☐ **CO** ☐ **CT*** ☐ **DE** ☐ **DC*** ☐ **FL** ☐ **GA*** ☐ **HI** ☐ **ID**** ☐ **IN** ☐ **IA****
☐ **KS** ☐ **KY** ☐ **LA*** ☐ **ME*** ☐ **MD** ☐ **MI** ☐ **MN** ☐ **MS*** ☐ **MT** ☐ **NE** ☐ **NV*** ☐ **NH**** ☐ **NJ**
☐ **NM*** ☐ **NY*** ☐ **NC** ☐ **ND*** ☐ **OH** ☐ **OK** ☐ **OR*** ☐ **PA** ☐ **RI*** ☐ **SC** ☐ **SD** ☐ **TN** ☐ **TX** ☐ **UT***
☐ **VA*** ☐ **VT*** ☐ **WA** ☐ **WI** ***Note: Louisiana, Nevada & Ohio are Felony Only Searches***

☐ **Illinois Health Care Criminal —** Compliance with Illinois Health Care Worker Background Check Act
(IL State Police Full-State Repository Criminal)

☐ **MO Statewide Criminal—** Includes MO sex offender search, no extra charge
(*MO State Hwy. Patrol Full-State Repository Criminal*)

Requested Form(s) & ** Requested Special Form(s) must be faxed to MSC 573/893-7669 or emailed