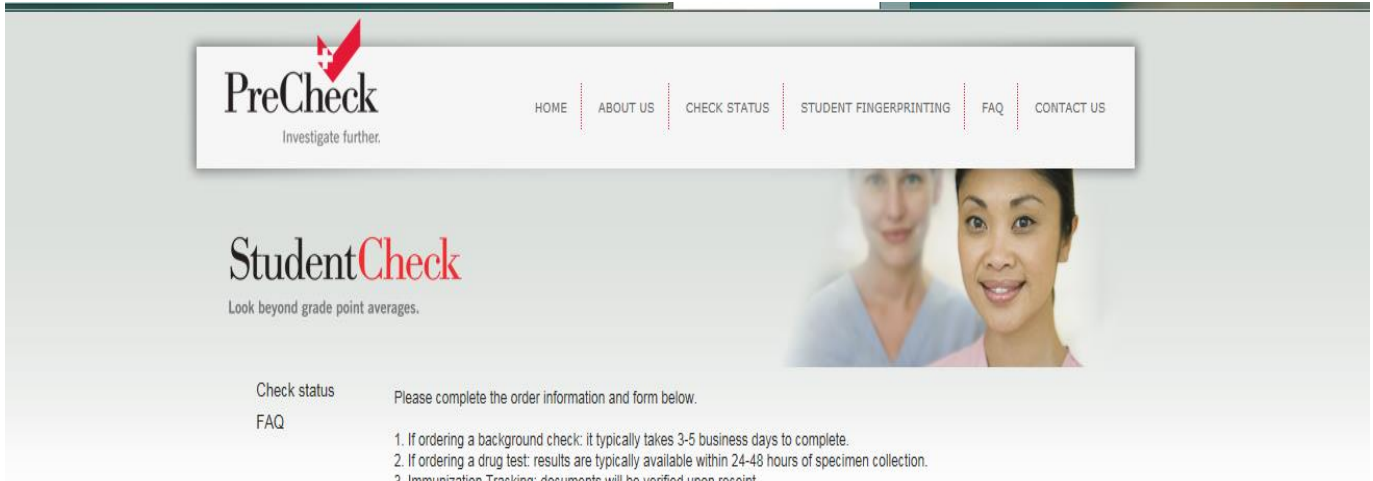


Go to: <http://www.mystudentcheck.com/>

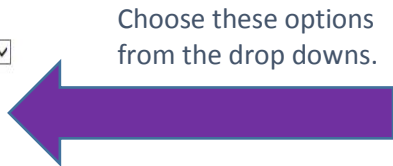
You must use this company for your background check. Your background check is good for one year from the date it is completed.



You must choose **Eastern Idaho Regional Medical Center-Students** not College of Eastern Idaho

*School:
Eastern Idaho Regional Medical Center - Students

*Program:
HCA Background Check Only



Choose these options from the drop downs.

If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com. Do not contact EITC.

PreCheck
Investigate further.

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Check status
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School :
Eastern Idaho Regional Medical Center - Students

Program name :
HCA Background Check Only

If this is not the correct School-Program, click [here](#) to reselect the School-Program

Please complete the order information and form below. A background check typically takes 3-5 business days to complete, and turnaround time of drug screening results, if included, is determined by a variety of factors. Your report and/or drug screening results will be provided directly to your clinical site or school upon completion.

If you have already ordered your background check, you may go [here](#) to check the status.

* Please provide your Country of residence. USA Other

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*First Name *Current Address
 *Middle Initial or Middle Name *City/Province
 *Last Name *State/Region
 *DOB *Zip Code
 ex: 12/31/1970
 Driver License# *Phone
 ex: 888.888.8888
 Issued By: (State/Country) *School/Personal e-mail
 *Confirm e-mail
 *Social Security No. - -
 *Confirm SSN - -

It is best to use your school email address.

Other Names

Alias	First Name	Middle Name	Last Name
Alias 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alias 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alias 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alias 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please provide all prior locations where you have resided for the past seven (7) years:

*Address *City/Province *State/Region *Country Zip [More](#)
 use the More button to add more addresses

* Have you ever been convicted of a crime? Yes No

*Where City/Province *State/Region *Country When (mm/yyyy) Offense [More](#)
 use the More button to add more offenses

* Method of Payment. Credit Card Money Order

Debit/Credit Card Type Visa

Name on Card
 Card Number
 Expiration -

Billing Address1
 Billing Address2
 City
 State
 Zip

Who Does the CreditCard belong to? Self Other

Subtotal 49.50
 Tax 0.00
 Total 49.50

[Submit](#)

Be sure to double check all of your information before clicking submit. **There are no refunds.**

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STATE LAW NOTICES

Please click on any states where you currently reside, are employed, or will be applying to and review the associated information.

Minnesota or Oklahoma, applicants or employees only
California, applicants or employees only
New York, applicants or employees only
Maine, applicants or employees only
Massachusetts, applicants or employees only
Washington State, applicants or employees only

Please type your full name below to represent your signature. In doing so, you consent to executing your signature in electronic form. Further, you understand and acknowledge that your typed signature has the same legal force and effect as your written signature, in accordance with the federal E-SIGN Act.

Signed from IP: 192.136.109.21 , Date Time: 4/6/2017 11:12:00 AM

By signing, I hereby confirm that I have read and understand the above information and assert that all information provided by me is true and accurate.

Cancel **Submit**
Please click only once.

If you are denied employment or clinical privileges either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

1 A "Consumer Report" may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.
2 An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge

Type in your electronic signature. Be sure to check the consent box. Then hit submit.

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Thank you for completing the Student Applicant Information form. Successful completion of the Student Application process requires you to submit both the Applicant Information form as well as the Disclosure and Authorization form. Please proceed and complete the Disclosure and Authorization form.

Continue **Cancel**

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inapbs **nhdb** **HORTYBRINGER** **HEALTHTRUST**

Nevada Private Investigator License # 1618

Click the continue button.

If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com. Do not contact EITC.

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Authorization and Disclosure

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization may obtain information about you from a consumer reporting agency made in connection with your clinical privileges as a student. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc. 3453 Las Palomas, Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your clinical privileges as a student to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc. 3453 Las Palomas, Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432], another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

All applicants must check this box to receive and acknowledge receipt of a Summary of Your Rights Under the Fair Credit Reporting Act.

Please type your full name below to represent your signature. In doing so, you consent to executing your signature in electronic form. Further, you understand and acknowledge that your typed signature has the same legal force and effect as your written signature, in accordance with the federal E-SIGN Act.

Signed from IP: 192.136.109.21, Date Time: 4/6/2017 11:35:20 AM

By signing, I hereby confirm that I have read and understand the above information and assert that all information provided by me is true and accurate.

Cancel **Submit**

Almost done. Read the information before doing your electronic signature. Click both boxes and then hit submit.

Home
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A copy of this page has also been sent to the email address you provided.

Please print this receipt and confirmation of your order placed through PreCheck, Inc. Your order has been submitted for processing; no refunds are available.

Name: [REDACTED]

Date order placed: 4/6/2017

Payment: \$49.50

Payment Method: Credit/Debit Card

Package/Services Purchased: StudentCheck HCA

Order Confirmation Number: [REDACTED]

For Eastern Idaho Regional Medical Center - Students - HCA Background Check Only

(If this is not your correct school program, please provide correct program by contacting us at StudentCheck@Precheck.com)

Average Completion Time
Thank you for your order through StudentCheck, a service of PreCheck, Inc. Most background checks are completed within 3 to 5 business days of payment, if applicable. Upon completion, the report is available to your clinical site or school to review, depending upon their unique process. If drug screening services are part of your order, be advised that completion time is 2-5 days on average.

Copy of Your Report
To check the status of your report, or TO OBTAIN A FREE COPY OF YOUR BACKGROUND REPORT ONCE IT'S COMPLETED, please go to <https://weborder.precheck.net/studentcheck/studentStatus.aspx>. After entering your identifying information, click on the application number in order to download and print your free copy.

FCRA and State Law Notices

[Click to view a PDF copy of Notice Regarding Background Investigations Pursuant to California Law](#)

[Click to view a PDF copy of Article 23-A of New York Correction Law](#)

[Click to view a PDF copy of Summary of Your Rights Under the Fair Credit Reporting Act](#)

Adverse Action
You will be notified if a clinical site or school denies your participation in its program because of information in your report. You will be given instructions to call PreCheck's Adverse Action hotline at 800-203-1054. Adverse Action is the procedure established by the Fair Credit Reporting Act that ensures you receive a copy of your report and have the opportunity to dispute any inaccurate or incomplete information on your report.

Student Release Links

[Click to view a PDF copy of your Student/Employee Form](#)

[Click to view a PDF copy of your Disclosure and Authorization Form](#)

You are done. Be sure to print this page and keep for your records.