Academic Personal Information Addendum
USC School of Medicine

1. Name: _____
   First Middle Last Jr./Sr./etc.

2. Address: _____

   _____

3. Date of Birth: _____

4. Social Security Number: _____

5. Have you ever been convicted of a crime other than a minor traffic violation? Yes ☐ No ☐

   If your answer to this question is "yes" please provide an attached page with a detailed explanation of this matter. A "yes" answer to this question will not necessarily bar you from employment. The nature, severity and date of offense will be considered in relation to the position being offered.

6. Have you ever been sanctioned or otherwise determined ineligible from providing medical services in a federal health care program, including but not limited to Medicare, Medicaid, CHAMPUS, or TRICARE? Yes ☐ No ☐

   If your answer to this question is "yes" please provide an attached page with a detailed explanation of this matter.

7. Have you ever been reported to the National Practitioner Data Bank or the Health Integrity and Protection Data Bank? Yes ☐ No ☐

   If your answer to this question is "yes" please provide an attached page with a detailed explanation of this matter.

Read carefully and sign in the space provided below:

I certify that all statements on this form, any attachments and the attached Academic Personnel Information form are true and accurate. I understand that inquiries or investigations, including but not limited to a criminal records check, provider sanctions check, and a professional data bank check may be made to obtain information applicable to the position being offered. I hereby grant the University of South Carolina and the School of Medicine permission to access those records which it deems necessary and release all parties from liability. Any misrepresentations or omissions of facts may result in my being disqualified for employment, or if hired, terminated from employment. I understand the information on this form will be treated in a manner consistent with the business needs of the University of South Carolina and the School of Medicine and with state and federal laws and regulations.

Signature: _____ Date: _____