



SANCTION CHECK REQUEST FORM

Drexel University College of Medicine

Applicant requests and authorizes Drexel University College of Medicine (DUCOM) and/or Compliance Concepts Inc. (CCI) to conduct a Sanction Check. I authorize DUCOM to use the information it obtains to evaluate my application for employment and if I am hired, to evaluate my qualifications as an employee.

Applicant hereby certifies that he/she (i) has never been excluded, suspended, debarred or otherwise deemed ineligible to participate in Federal and/or State healthcare programs; and (ii) has never been convicted of a criminal offense related to the provision of healthcare items or services and (iii) has not been reinstated in the healthcare programs after a period of exclusion, suspension, debarment, or ineligibility.

Applicant further acknowledges that he/she (i) has never been excluded, suspended, debarred or otherwise deemed ineligible to participate in any and all Federal procurement programs; and (ii) hereby authorizes the Drexel University College of Medicine to review, on an ongoing basis while an employee of DUCOM pertinent government databases to ensure the eligibility status of employee as required by relevant governmental regulations or to comply with applicable contractual requirements.

Signature of Applicant

Date

PLEASE COMPLETE SECTION BELOW

First Name	Date of Birth: mm dd yy
Last Name	Middle Name/Initial
Maiden Name of Other Names Used	
Current Address	
City	State
	Zip Code

TO BE COMPLETED BY HUMAN RESOURCES

Requestor's Name	Phone#: Area Code+7 digit phone number
Requestor's Title	Fax#: Area Code+7 digit phone number
Company Name	

