

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Conditional Hire Acknowledgment

The University of Illinois at Urbana-Champaign strives to maintain compliance with the provisions of the Campus Security Act, the Illinois Health Care Worker Criminal Background Check Act (HCWCBCA) and the Medicare-Medicaid Anti-fraud and Abuse Amendments to reduce risk to students, customers/clients and patients/subjects in a manner consistent with other universities and Illinois Health Care providers.

Applicants who are considered for employment in positions identified as security sensitive, positions having the potential for direct patient contact, or positions requiring sanctions review as defined by the University of Illinois Board of Trustees, must undergo criminal/sanction background checks **in accordance with the Uniform Conviction Information Act** and meet all the requirements of University policy.

In addition, to comply with governmental Medicare-Medicaid Anti-Fraud and Abuse Amendments, all prospective employees of the College of Medicine and/or the College of Nursing at Urbana-Champaign will also be screened for any instance of an appearance on any Medicare-Medicaid sanction list or other list where they are found to be required to be excluded from participation in Federal or State Health Care Programs.

A conditional offer of employment will be in place pending the results of the criminal/sanction background checks.

This is to acknowledge that I understand my employment status with the University of Illinois at Urbana-Champaign is conditional until my criminal background check, pre-employment physical and drug testing, if applicable, are cleared. I understand that my position at the University may be immediately terminated based on failure to pass the pre-employment physical, drug testing or discovery of a criminal conviction. **I may request a copy of the criminal records report, challenge its accuracy and completeness, and request a waiver under applicable law.** I further understand that it is my responsibility to request a fingerprint-based check for a criminal conviction if I challenge the accuracy or completeness of the criminal conviction report.

I also understand that if my name appears on a federal, state or other mandated governmental exclusion listing, any position I may have within the College of Medicine or College of Nursing at the University of Illinois-Urbana-Champaign will be immediately terminated. Further employment rights, including tenure and notice of non-reappointment rights, may be affected. I understand that it is my responsibility to contact the appropriate federal or state agency if I challenge the accuracy and completeness of the governmental exclusion report.

Signature: _____ Date _____

Name (Please Print): _____

Social Security Number: _____

The University of Illinois is requesting your Social Security number (SSN) in order to expedite screening. The University will not disclose an individual's SSN without the consent of the individual to anyone outside the University except as mandated by law. Providing your SSN may minimize administrative delays associated with screening for appearance on the governmental exclusion report. The University of Illinois is working to minimize the use of Social Security numbers within its business processes. For a full description of the University of Illinois' Social Security number policy, please visit <http://www.ssn.uillinois.edu>.

| | | |
|--------------------------|-------|-------------------|
| For Office Use Only | | |
| Date cleared | _____ | Cleared by _____ |
| If not cleared | | |
| Date individual notified | _____ | Notified by _____ |