



RELEASE & AUTHORIZATION:

In making an application to Burlington Healthcare Providers (BHP), I certify that the information and supporting documents I have provided to BHP is true and accurate and that it may be used by BHP for evaluating my potential as a Locum Tenens Physician, and that BHP will rely on the truthfulness of my application.

With regard to this application, I authorize Burlington Healthcare Providers and its representatives to obtain any information that may be relevant to an evaluation of my professional qualifications, including information about disciplinary actions or other credentials or confidential information.

I hereby release from liability Burlington Healthcare Providers, its officers, employees, and representatives, and third parties who provide or receive information regarding my credentials in good faith and without malice. Further, I agree to indemnify, defend and hold Burlington Healthcare Providers harmless, from any and all claims, causes of action, damages, judgments and expenses, arising from or related to the collection, verification and dissemination of my credentialing information.

I understand that I have the burden of providing accurate information to Burlington Healthcare Providers to demonstrate my qualifications and that any misrepresentation on this application may constitute grounds for canceling my assignments.

I understand that I am responsible for notifying Burlington Healthcare Providers of any changes affecting my professional status.

I understand that the decision to refer me to Burlington clients is at the discretion of Burlington Healthcare Providers.

I understand the information provided by references is confidential and will not be released to me without the consent of the reference.

(APPLICANT'S SIGNATURE)

DATE: _____