

**NATIONAL BACKGROUND CHECK**

Re: Notification of negative pre-assignment. National Background Check completed within 90 days of orientation

<b>AGENCY'S NAME:</b>	
<b>TRAVELER'S NAME:</b>	
<b>ASSIGNMENT START DATE:</b>	

This will provide written confirmation that a national background check evaluation based on Harborview Medical Center specifics for the above referenced traveler, has been conducted for all former addresses of residency within the past 7 years.

**The above referenced agency has been provided with written results of a "clear" status. Convictions: NONE.**

**If requested by HMC, the agency will provide copies of results.**

**Agency's Signature:**

**Print Name:**

**Title:**

**Date:**

**Please complete and sign form ASAP. Fax to Traveler Program Office 206-744-2070. Thank you!**