



CONNECTICUT CHILDREN'S & Affiliated Companies
BACKGROUND CHECK ATTESTATION

Please submit signed, completed attestations to: Electronic placement system, or email to
studentplacements@connecticutchildrens.org

Academic Institution:	
Placement Coordinator:	
Participant's Name:	
Department Placement:	
Start Date of Placement:	
End Date of Placement:	
Date Background Check Completed:	
Organization(s) Performing Background Check:	

*Please note that the background check must be completed no more than 45 days prior to the start date of the academic year in which participant will complete his/her placement at Connecticut Children's Medical Center, Connecticut Children's Specialty Group, Inc., and/or CCMC Affiliates, Inc. (collectively, Connecticut Children's.)

Institution attests that a background check including (i) criminal history including felonies and misdemeanors in all states in which the student has lived, worked, or attended school, (ii) national sexual offender registry check, and (iii) FACIS Level 3 sanction check, was performed on Student on the date listed above, with the following results:

- ☐ No violations identified
- ☐ Violations were identified by the following check(s) and a true and complete copy of the report(s) is attached to this Attestation:
- ☐ Criminal History
 - ☐ Sexual Offender Registry
 - ☐ Sanction Check

Academic Institution further attests that the results indicated above are a true and complete representation of the results of Participant's background check.

Academic Institution:	
Date:	
By:	
Title:	
Signature:	