Completing your CORI and Background Check

As a new student at the MGH Institute of Health Professions, you will complete 2 requirements for criminal background checks.

1. **Comprehensive background checks** to be conducted by HireRight, a company used by Partners Health Care. You will receive an email from HireRight asking you to complete this most important requirement. All background checks must be completed and approved prior to the start of classes.

2. **Massachusetts CORI check.** The forms on the following pages will need to be completed and returned to the Institute. Because we need your identity verified, you will need to have page 2 of the following form notarized by an official Notary Public. There is no exception to this requirement. Forms returned without a notary signature and stamp will not be processed and will be returned to you for completion. Return your completed CORI form with Notary signature and stamp to:

   Preferred method: Scan and email to registrar@mghihp.edu
   (When Scanning, be sure your notary uses a visible stamp and not a raised seal).

   Or if necessary, mail to: (Note: using US mail can delay the process. Scanning is the preferred method of delivery.)

   MGH Institute of Health Professions
   Registrar’s Office
   Attn: Assistant Registrar
   36 1st Avenue, Bldg 39
   Boston, MA  02129

These most important requirements cannot be ignored. You will not be allowed to begin classes until these requirements have been completed and you have been cleared by Massachusetts General Hospital Police and Security.

MGH Institute of Health Professions
Office of Student Affairs
MGH INSTITUTE OF HEALTH PROFESSIONS
CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Partners HealthCare is registered under the provision of M.G.L. c. 6, §172, 172G, 172B&C, 172E to receive CORI for the purpose of screening current and otherwise qualified students, prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a student, prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Partners HealthCare to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing MGH Police and Security with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: Partners HealthCare may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, Partners HealthCare must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

____________________________         _____________________________
Signature          Date

Return both pages to:

Preferred method: Scan and email to registrar@mghihp.edu
(When scanning, be sure your notary uses a visible stamp and not a raised seal).

Or if necessary, mail to:
(Note: using US mail can delay the process. Scanning is the preferred method of delivery.)

MGH Institute of Health Professions
Registrar’s Office
Attn: Assistant Registrar
36 1st Avenue, Bldg 39
Boston, MA  02129
<table>
<thead>
<tr>
<th>Last Name (Required)</th>
<th>First Name (Required)</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

Maiden Name (or other names(s) by which you have been known)

<table>
<thead>
<tr>
<th>Date of Birth (Required)</th>
<th>Place of Birth</th>
<th>Student Status</th>
</tr>
</thead>
</table>

Mother’s Full Maiden Name

Father’s Full Name

Last Six Digits of Your Social Security Number (MANDATORY): ______-____
(Note: International applicants with no SSN are to enter 00-0000.)

Sex:____

Height: ___ft.___in.

Eye Color: _________ ______

Driver’s License or ID Number: _____________________________ State of Issue:___________

Passport, Military I.D., Government Issued I.D. Number (if no Driver’s License):_________________________

Current and Former Addresses:

<table>
<thead>
<tr>
<th>Street Number &amp; Name</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Number &amp; Name</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

The above information was verified by a notary public as signed below.

**Required:**

On this ____day of _____________, 20___, before me, the undersigned notary public, personally appeared _________________, proved to me through satisfactory evidence of identification, which was/ were ___________________________________________________________________, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his/her) knowledge and belief.

___________________________________________ (official signature and seal of notary) ____________ (Commission Expires)

**To be completed by authorized employee:**

VERIFIED BY:  
D. Antoine Blalark  
Name of Verifying IHP Staff  
Signature of Verifying IHP Staff

REQUESTED BY:  
D. Antoine Blalark  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

**Entity:** MGH Institute of Health Professions