

Profile Advantage Consent

CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT AUTHORIZATION DOCUMENT

By signing below, I authorize AMN Healthcare and its subsidiaries, parents and affiliates (the "Company") to order consumer reports and investigative consumer reports from any consumer reporting agency ("CRA"), to the extent allowed by law, including First Advantage. I understand that, to the extent allowed by law, the Company may rely on this authorization to order additional consumer reports and investigative consumer reports from any CRA without asking me for my authorization again.

For the specific purpose of preparing consumer reports and investigative consumer reports for the Company, and *subject to all laws protecting my privacy*, I authorize the following to disclose to the CRA the information needed to compile the reports: federal, state, and local licensing agencies; my past or present employers; and learning institutions, including colleges and universities.

Consent And Authorization

I agree to provide my authorization per the terms of the above authorization. [I Agree](#)

First Name (given name) :

Tricia

Last Name (family name) :

Stehmeier



Signature

Date : Mon Mar 13 20:37:56 GMT 2023