



Department of Veterans Affairs

Credentialing Release of Information Authorization

In order for the Clement J Zablocki VA Medical Center to access and verify my educational background, professional qualifications and suitability for appointment, I hereby authorize the Clement J. Zablocki VA Medical Center to make inquiries and consult with all persons, places of employment, education, malpractice carriers, State licensing boards and other similar government and non-governmental entities who have or may have information bearing on my moral, ethical and professional qualifications and competence to carry out the privileges I have requested.

I consent to release the information about my ability and fitness for Federal appointment and I authorize release of such information and copies of related records and/or document to VA officials to include not only the requested information for verification but information concerning each lawsuit, civil action, or other claim brought against me for malpractice or negligence; each disciplinary action under consideration or taken; any open or previously concluded investigations; and any changes in the status of a credential and all supporting documentation related to the information provided.

I authorize the VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me sufficient to enable the VA to make such inquiries.

I release from liability all those who provide information to the Department of Veterans Affairs in good faith and without malice in response to such inquiries.

DISCLOSURE: Certification for employment purposes: In accordance with 15 U.S. Code § 1681b - *Permissible purposes of consumer reports*, I consent and understand that a consumer report certificate may be obtained from any or all of the following organizations (National Student Clearinghouse, The Work Number, i2verify). I am authorizing the Clement J Zablocki VA Medical Center to obtain this information from the above organizations as deemed fit for employment purposes. I understand that I will be provided with any additional notices or disclosures required under applicable state and local law.

Venus Katzfey, RN

Full Name

Signature

Feb 12, 2023

Date