

**HEALTH CLEARANCE AND CRIMINAL BACKGROUND CHECK CERTIFICATION FOR
IN-ROTATORS TO NEWYORK-PRESBYTERIAN RESIDENCY/FELLOWSHIP PROGRAMS**

In accordance with the Residency Rotation Rider OR Program Letter of Agreement between _____ and The New York and Presbyterian Hospital (NYPH), effective _____, I certify that:

- 1) _____ (in-rotator name) meets the health requirements mandated by the City and State of New York and the Federal Government, including that promulgated in 10 NYCRR § 405.3, as amended from time to time, as well as health requirements mandated by the NYPH.

AND

- 2) A Criminal Background check was conducted on _____ (date) for _____ (in-rotator name). Check applicable box:

No criminal history was found

_____(in-rotator name) was charged with the following offense(s):

Comments:

Certified By:

Signature: _____

Name: _____

Title: _____

Date: _____