



Credentialing Release of Information Authorization

In order for _____ (facility name) to access and verify my educational background, professional qualifications and suitability for appointment, I hereby authorize _____ (facility name) to make inquiries and consult with the HIV/AIDS Nursing Certification Board, who may have information bearing on my professional qualifications and competence to carry out the privileges I have requested. I consent to the release of information and related documents to _____ (facility name).

I release from liability all those who provide information to _____ (facility name) in good faith and without malice in response to such inquiries.

_____	_____
Printed Name	Date

Signature