



AUTHORIZATION FOR PRIMARY SOURCE VERIFICATION

I, _____, hereby authorized the following release of information:

I authorize Institut Jantung Negara (IJN) Kuala Lumpur, their staff, and representatives to consult with my prior and current associates and all others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and qualifications for clinical privileging.

I give consent to IJN, its staff, and their representatives to view **all documents** that may be used to evaluate my qualifications and competence.

I release from liability all representatives of the organizations who release my information and statements made in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for staff appointment and clinical privileges.

A photo copy of this original authorization constitutes my written authorization and request to release any and all supportive documents regarding this application. The said photo copy shall have the same force and effect as the signed original.

I hereby confirm that all information submitted by me in this application for appointment is true and complete to the best of my knowledge.

(Full name)

(Signature & Date)

Effective date: 7th July 2014