

**CONTINENTAL NURSES**  
**(888) 894-2900 (phone)**  
**(888) 894-2073 (fax)**

**BACKGROUND INVESTIGATION SERVICES  
REQUEST FORM**

Please check the appropriate box indicating the type of investigative services you would like performed on your applicant. All investigations are performed based on a completed application and signed release of information. These items must be completed and forwarded to BIS before any investigative services can be rendered on your behalf.

DATE: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

TO: Background Investigation Services Coordinator

FM: CONTINENTAL NURSES (Name of Requesting Organization)  
\_\_\_\_\_ (Name of Requesting Authorized Agent)

- Package A: \$ 40.00**  
Local Criminal History Check  
OIG – Medicare/Medicaid Sanctions Query  
Department of Motor Vehicle Records Check  
Social Security Number Verification

**Individual Inquiries**

- |                          |   |                          |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Social Security Verification                    | \$10.00 each             |
| <input type="checkbox"/> | NM MVD Records Check                            | \$10.00 each             |
| <input type="checkbox"/> | Local Criminal History Check                    | \$12.50 each             |
| <input type="checkbox"/> | Non-Local Criminal History Check                | \$15.50 each + fee       |
| <input type="checkbox"/> | Credit Report                                   | \$12.50 each             |
| <input type="checkbox"/> | Out of State Motor Vehicle Records Check        | \$12.00 each + State fee |
| <input type="checkbox"/> | Reference Checks                                | \$12.50 each             |
| <input type="checkbox"/> | Previous Employer Checks                        | \$12.50 each             |
| <input type="checkbox"/> | Education Verification                          | \$10.00 each             |
| <input type="checkbox"/> | Professional License/Certification Verification | \$10.00 each             |
| <input type="checkbox"/> | OIG – Medicaid/Medicare Sanction Query          | \$10.00 each             |

(888) 894-2900 (bus)

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