

EXHIBIT B

**ATTESTATION OF SATISFACTORY
BACKGROUND INVESTIGATION REPORT**

On behalf of _____ (“Agency”), I acknowledge and attest to HCA-HealthONE LLC that we own, and have in our possession, a background investigation report on the individual identified below. Such background investigation report is satisfactory in that it:

- _____ does not reveal any criminal conviction;
- _____ confirms the individual is not on either the GSA or OIG exclusion lists;
- _____ confirms the individual is not listed as a violent sexual offender;
- _____ confirms this individual is not on the U.S. Treasury Department’s Office of Foreign Assets control list of Specially Designation Nationals; and
- _____ no other aspect of the investigation required by Employer reveals information of concern.

I further attest there are no prior or pending investigations, reviews, sanctions or peer review proceedings; or limitations of any licensure, certification or registration.

This attestation is provided in lieu of providing a copy of the background investigation report.

Identified Individual Subject to the Background Investigation:

Name

Address

Date of Birth

Social Security Number

I also acknowledge and agree to an annual compliance audit by HealthONE of five percent (5%) or a minimum of thirty (30) such background investigation files as authorized by the subjects under the Fair Credit Reporting Act (FCRA)

Signature

Printed Name

Name of Agency

Date: _____