



Emory University - Anesthesiology

How to Place Order

Welcome to **my** 

To place your order go to:

<https://portal.castlebranch.com/MO17>

Package Name (if applicable):

PLACE ORDER

SELECT PROGRAM

SELECT PACKAGE

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

Please have ready personal identifying information needed for security purposes.

The email address you provide will become your username.

Contact Us: **888.914.7279** or servicedesk.cu@castlebranch.com

RELEASE FOR CRIMINAL BACKGROUND CHECK

Due to the nature of the practice of anesthesia – including continuous responsibility for the lives and well-being of patients and having continual access to scheduled substances – individuals with criminal records generally are not suitable candidates for participating in the Master of Medical Science Program, Department of Anesthesiology, Emory University School of Medicine. In so far as students are present and participate in the clinical practice of anesthesia, Emory University will perform a criminal background check on each applicant to the Master of Medical Science Program. Applicants must complete and submit a release form with their application document. Results from the background check will be used in evaluating the applicant's eligibility for admission.

APPLICANT

- (1) Enter your full name on the line below.
- (2) When you print out this application document, have your signature notarized.
- (3) Return the notarized copy with the printed application document.

Emory University Consent to Release of Personal Records and History

I, _____ (ENTER FULL NAME), hereby give permission to Emory University through its Police Department and its employees and agents to perform a criminal background check in accordance with the laws of Georgia, which background check is required by Emory University as a condition of participation in Emory University's clinical education programs. Further, I give permission to Emory University's Police Department to share the information gained from said background check with Emory University's Master of Medical Science Program in the Department of Anesthesiology for use by that Program in evaluating eligibility for admission and participation and to provide to any of its clinical education sites (which current sites are listed on the following page and for which an updated listing will be posted in the Program Office of the Master of Medical Science Program, Department of Anesthesiology, Emory University School of Medicine) for the purpose of fulfilling participation requirements with said clinical education sites.

SIGNATURE

DATE

IN WITNESS HEREOF

DATE

NOTARY SEAL