



OIG / SAM Exclusion Check Clearance Form

This form verifies that the individual listed below has been screened through the U.S. Department of Health and Human Services Office of Inspector General (OIG) Exclusion List and the federal System for Award Management (SAM) database to ensure compliance with federal healthcare program standards.

1. Staff Information

Full Name: _____

Position (RN / LVN / CNA / Other): _____

Last 4 of SSN: _____ Date of Birth (MM/DD/YYYY): _____

2. OIG Exclusion List Screening

OIG Exclusion List (LEIE) Search URL: <https://exclusions.oig.hhs.gov/>

Search Completed On: _____

Search Conducted By: _____

No Exclusion Found

Possible Match (Requires further review)

3. SAM (System for Award Management) Screening

SAM.gov Search URL: <https://sam.gov/content/home>

Search Completed On: _____

Search Conducted By: _____

No Exclusion Found

Possible Match (Requires further review)

4. Additional Notes

5. Clearance Decision

CLEARED – No exclusion found in either database.

NOT CLEARED – Exclusion or unresolved match identified.

6. Verification & Signatures

Agency Representative Name: _____

Signature: _____ Date: _____