CREDENTIAL VERIFICATION CONSENT

I hereby authorize [Portal Name] to verify my professional qualifications, educational credentials, registrations, licenses, and employment information.

I authorize relevant universities, councils, hospitals, and regulatory authorities to disclose verification information to the Portal.

I understand that verification is conducted on a best-efforts basis and does not guarantee employment.

I certify that documents submitted by me are genuine and accurate.

I understand that submission of forged or misleading information may result in account suspension or legal action.