U.S. Treasury, Office of Foreign Assets Control (OFAC)

OFAC SDN Check Form

Employee Information:

Name:

Date of Birth:

Social Security Number:

Position: Registered Nurse (RN)

Check Details:

Date of Check:

Checked By:

Method of Check: ☐ Online Search Tool   ☐ Manual Review

Search Results: ☐ Individual is NOT listed on the OFAC SDN list.

☐ Individual IS listed on the OFAC SDN list (further action required).

Comments/Notes: [Add any additional notes or comments about the search process or results]

Certification:

I certify that the information above is true and correct to the best of my knowledge.

Signature:

Date: