



Certification of student requirements

This completed form must be signed by the appropriate University representative and be returned to _____ at least thirty (30) days prior to the start of the student's clinical experience.

Student's name: _____

Area of clinical field work: _____

Start date of clinical experience: _____

1. The above-referenced student currently maintains adequate health insurance coverage and is in compliance with the Health Screening and Documentation Requirements **listed on Attachment C.**
2. A criminal background check covering the prior seven (7) years was completed on _____. This must be done within 12 months of start date. The records indicate that the student has never been convicted of any of the following offenses:
 - a. Murder
 - b. Arson
 - c. Assault, battery, assault and battery, assault with a dangerous weapon, mayhem, or threats to do bodily harm
 - d. Burglary
 - e. Robbery
 - f. Kidnapping
 - g. Theft, fraud, forgery, extortion, or blackmail
 - h. Illegal use or possession of a firearm
 - i. Rape, sexual assault, sexual battery, or sexual abuse
 - j. Child abuse or cruelty to children
 - k. Unlawful distribution, or possession with intent to distribute, a controlled substance
3. A nine (9) panel non-DOT drug test was performed on _____ and the results are negative. This must be done within 12 months of start date.

I attest that the above-referenced student has fulfilled the above requirements and that all documentation evidencing the above information is kept on file at the University and will be made available to MedStar Entity upon request.

(Signature of University representative)

Date