

For each statement, the home school can select Yes, No, or Other. If Other is selected, a comment or explanation may be entered.

1. This student is in good academic standing at this institution.
2. This student has been instructed in OSHA safety measures and infection control precautions.
- Date expires MM//YYYY
3. This student has a current ACLS.
- Date expires MM//YYYY
4. This student has a current BLS.
- Date expires MM//YYYY
5. This student has completed a Mask Fit Test.
6. This student is taking electives for credit.
7. This student will pay tuition at the home school during the period indicated.
8. Medical liability and/or malpractice insurance will be covered by the home school during this elective time.
 - Aggregate Insurance:
 - Per Instance Insurance:
 - Online Policy URL:
 - Policy Expiration Date:
9. We require our student to hold personal health insurance.
10. This student will have successfully completed these core clerkships by the dates listed below.
(This will include the number of weeks spent in each clerkship, when applicable)
11. This student will be in his/her senior year at the time of the elective(s).
12. This student is expected to graduate in MM/YYYY (select from dropdown).
13. This student has met all immunization requirements or student health requirements as defined by our school.
 - Health Requirements URL:
14. This student has complied with HIPAA training requirements.
15. This student has completed a criminal background check at our institution.
- Date completed MM/YYYY (not required)
16. This student has passed USMLE Step 1.
17. This student has passed COMLEX-USA Level 1.*

* This 17th statement will only be verified by participating COCA-accredited medical schools.