COLUMBIA UNIVERSITY VISITING STUDENT DEAN’S CERTIFICATION FORM

TO BE COMPLETED BY THE STUDENT:

STUDENT NAME: ________________________________ YEAR: ____________________

HOME MEDICAL SCHOOL: ___________________________________________________

HEALTH INSURANCE PROVIDED BY: __________________________________________

TO BE COMPLETED BY SCHOOL OFFICIAL:

1. Compliance with OSHA Bloodborne Pathogens Regulation
   _____ Educational Session attended
   _____ HBV Vaccine Immunization or declination verified

2. Liability Insurance
   _____ Coverage provided by ______________________________

   Please indicate the limits of coverage:
   • __________ Per Occurrence
   • __________ Aggregate

3. HIPAA Certification
   _____ Certified on (date) __________________________________________

4. Completed Core Clerkships
   Students must have completed core clinical clerkships in internal medicine, general surgery
   and two other specialties - including the one in which you wish to take an elective - by the
   start of desired elective.
   Month/Year clerkship has been or will be completed:
   _____ / _____ Internal Medicine  _____ / _____ Pediatrics  _____ / _____ Primary Care
   _____ / _____ Ob/Gyn  _____ / _____ Psychiatry  _____ / _____ Surgery
   _____ / _____ Neurology (required for Neurology electives only)

Recommendation by Dean
   _____ I certify that this student is in good standing at ____________________________
   and has been approved for this elective.

_________________________________________  __________________________  __________________________
Signature                                      Date                                      Medical School Seal

Associate Dean for Student Affairs
(or applicable school official)