

ATTACHMENT C
Certification of Student Requirements
(Student Attestation)
Medstar National Rehabilitation Hospital

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 E.

2. A criminal background check covering the prior seven (7) years was completed as part of enrollment to program with continuous participation in good standing; or completed within 12 months of this clinical placement, if there was interruption in enrollment. For students with interruption in enrollment, the background check was completed on: _____. 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, cruelty to children or other similar offenses
- k. Unlawful distribution, or possession with intent to distribute, a controlled substance

3. A Nine (9) Panel non-DOT Drug Test was completed as part of enrollment to nursing program with continuous participation in good standing; or completed within 12 months of this clinical placement, if there was interruption in enrollment. The background check was completed on: _____ and the results are negative.

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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 Affiliates upon request within one business day.

(Signature of University representative)

Date