

VSLO Student Verification Form

Print Name: _____ Class of: _____

A separate [Transcript Request Form](#) is required to have a transcript uploaded in VSLO.

Instructions: Students using VSLO must submit this completed form to vsas@case.edu as the final step in applying for electives. Students are expected to renew training annually and keep track of all expiration dates. Please review Page 2 for Common Program Requirements at CRWU. Students are responsible for reviewing specific program requirements at other institutions.

Date of expiration for OSHA safety measures & infection control precautions:	_____ MM/YYYY
Date of expiration for ACLS (Advanced Cardiovascular Life Support) training (if required for a specific rotation): <input type="checkbox"/> Check if ACLS is not required.	_____ MM/YYYY
Date of expiration for BLS (Basic Life Support) training:	_____ MM/YYYY
Mask Fit (if required for a specific rotation): <input type="checkbox"/> Check if Mask Fit is not required.	<input type="checkbox"/> Yes No <input type="checkbox"/>
Met immunization requirements as defined by our school:	<input type="checkbox"/> Yes No <input type="checkbox"/>
Complied with HIPAA training requirements:	<input type="checkbox"/> Yes No <input type="checkbox"/>
Criminal Background Check (please check one) <input type="checkbox"/> Recent criminal background check: (Required: Email PDF of final report to vsas@case.edu) <input type="checkbox"/> Please use the date of the background check completed by the med school upon matriculation. (No PDF of final report required)	_____ MM/YYYY Date completed
I have passed the USMLE Step 1.	<input type="checkbox"/> Yes No <input type="checkbox"/>

Signature _____ **Date:** _____

I verify that the above dates and information are true. By submitting this form, I authorize the SOM Registrar to release my VSLO application(s) to a host institution.

Common Program Requirements

OSHA, HIPAA, TB Testing

Students are expected to annually renew training in these areas and keep track of expiration dates. For more information, see "[OSHA, HIPAA, TB Testing Polices](#)". To check OSHA training expiration dates, University students can contact the Environmental Health & Safety Office (EHS) at (216) 368-2907. CCLCM students should check COMET.

Immunizations + Flu Shots

Students can print out a copy of their immunization records by going to: <https://myhealthconnect.case.edu> For more detailed information about immunizations, see "Immunization Records" in the Student Handbook.

Respiratory Mask Fit Testing

Mask fit testing is not mandatory unless required for a specific rotation. For students who need respiratory training, review "Respiratory Protection Training" on the Training webpage (<https://www.case.edu/ehs/Training/>) for Environmental Health and Safety or call EHS at (216) 368-2907.

USMLE Step 1 Pass

Some programs require an official score. See "[Requesting a Transcript of USMLE Scores](#)". Also, see "Scoring and Score Reporting" in the [USMLE Bulletin](#) for more information.

Personal Health Insurance

All enrolled students have proof of personal health insurance.

BLS (Basic Life Support) or ACLS (Advanced Cardiovascular Life Support)

BLS and ACLS may be required for a specific rotation. Year 2 students will receive BLS training through the SIM Center prior to starting Core Clerkships. Please call 216.368.0064 or email casesimcenter@case.edu for details. It is the responsibility of the student to check program requirements and provide verification of certification if needed.

Third and Fourth year students may also contact the SIM Center or the following organizations for availability and cost of BLS, ACLS, or PALS training and certification. Advanced registration is required:

- 1) Cleveland Clinic Training Center at 216.636.2900
- 2) University Hospitals EMS Institute at 440-735-3513
- 3) American Heart Association at 1.888.97-ENJOY, or
- 4) American Red Cross at 1-800-REDCROSS for information about training.

For groups of 5 or more, students can arrange BLS or ACLS training with Mr. Steve Ionno, Public Safety Educators: SIONNO@neo.rr.com (or 330-620-1077). Mr. Ionno can possibly arrange a weekend or evening class at the medical school.

Background Check/Drug Screens: Students are responsible for providing their own background check or drug screen. Specific requirements for the drug screen and for the level and type of background check can vary for each program.

Background checks are initially completed by the med school upon matriculation and are valid for five years only. Some students may complete a more recent background check, e.g., as part of their research credentialing. Anyone with a background check older than five years is responsible for obtaining an updated one and paying any necessary fees. It is highly recommended that students complete a background check within one year of the expected start date of the away rotation. For a new Criminal Background Check, students can review "[Ordering Procedures](#)".

The CWRU Police provides electronic **fingerprinting** (BCI/FBI) for in-state licensure along with ink rolled FBI cards for out-of-state licensure or in-state agencies that require a fingerprint card submission. Call Sergeant Daniel Schemmel at 216.368-5993 or email djs49@case.edu to make an appointment or ask questions - <http://case.edu/publicsafety/>

Students can obtain **drug panel testing** at University Health Service (UHS), if required. The fee is \$88.00 and it is the responsibility of the student to pay UHS at the time of service.

Official verifications: If official verification of a successful background check or drug screen is required, students must provide a copy of the final results with a written request for verification (include the institution name, address, and pick-up/delivery instructions) to the SOM Registrar. Requests can be submitted using the **Student Letter Request Form** online at <http://casemed.case.edu/registrar/forms/> or in person.

Malpractice Insurance

All CWRU enrolled medical students are covered for \$1M per instance/\$3M aggregate. Proof of malpractice insurance can be provided upon written request to the SOM Registrar (include the name, address, and pick-up/delivery instructions). Requests can be submitted using the **Student Letter Request Form** online at <http://casemed.case.edu/registrar/forms/> or in person.

Good Academic Standing - Final Year of Study - Completed Core Clerkships

Specific letters can be provided upon written request. Requests can be submitted using the **Student Letter Request Form** online at <http://casemed.case.edu/registrar/forms/> or in person.