

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 D.

2. A criminal background check covering the prior seven (7) years 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 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.

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

**CONFIDENTIALITY STATEMENT
FOR STUDENTS/TRAINEES/OBSERVERS**

I understand and agree that as part of my affiliation, training and/or observations on the premises of, or on behalf of, MedStar Entity, Inc. or any of its subsidiaries or affiliates (collectively “MedStar”), I may, both prior to, and while on the premises, have access to, or come in contact with, Confidential Information.

I understand that Confidential Information includes, but is not limited to, any of the following information or materials owned by, or in the possession of MedStar (including any such information created by me in connection with my affiliation, training and/or observations): All business information, personnel information, quality improvement information, utilization management information, risk management information, operational policies or procedures, patient data or information, medical records, promotional and marketing programs, business plans, product specifications, manufacturing processes and operations, information about techniques, analytical methodology, safety, testing data and results, future market and product plans, billing and financial data and information, computer passwords/access rights, trade secrets, work product, intellectual property, and other information of a technical, scientific, or economic nature relating in any way to MedStar.

I understand that all Confidential Information created, obtained, received, reviewed, or which I may have contact with in connection with my affiliation, training, and/or observations, is confidential in nature. I further understand and agree that I shall, at all times ensure the confidentiality of all Confidential Information I have contact with, that I shall not re-disclose such Confidential Information to any other person or entity without prior written approval from MedStar, and that I shall comply with all applicable laws including the obligation to maintain patient privacy. I further agree that I shall only review or access Confidential Information as specifically permitted by MedStar.

I agree to promptly inform appropriate representatives of MedStar of any breach of confidentiality for which I become aware and to reduce the effect of such breach by retrieving any inappropriately disclosed Confidential Information and taking any other actions necessary to minimize the effect of such disclosure or use of such Confidential Information. I understand that a failure to comply with the terms of this agreement may result in disciplinary actions, including but not limited to immediate dismissal, criminal or civil sanctions.

Signature of Student/Trainee/Observer

Printed Name

Date