



uOttawa

Clinical Placement Risk Management

ATTESTATION FORM FOR INCOMING VISITING MEDICAL STUDENTS

The medical educational and training programs of the Faculty of Medicine at the University of Ottawa require all students to undertake clinical training in settings such as hospitals and other external agencies. During this elective, students will be in contact with the public and will assume positions of trust with vulnerable individuals and/or children under the age of 18.

Therefore, the university requires that all in-coming visiting medical students who are enrolled in a Canadian university and are applying for an elective rotation with the Faculty of Medicine’s medical education program, must have this *Attestation Form* completed by their home university representative.

The home university must then submit this form to the Faculty of Medicine Clinical Placement Risk Management (FoM CPRM) office at VMS_CSA_Immunise@uottawa.ca prior to the start of the training.

For all questions or concerns, please contact the email above.

To be completed and signed by the home university representative.

Student last name: _____ **Student first name:** _____

Date of birth (yy/mm/dd): _____ / _____ / _____ **Year of admission:** _____

Name of home school: _____

Please check off the appropriate box for each statement.

YES NO The student has previously submitted a clear *Police Vulnerable Sector Screening* upon admission to the university.

YES NO The student is in good standing at the university.

YES NO To our knowledge, the student does not have any criminal charges pending.

If you answered NO to any of the statements, please provide details of ALL incidents on a separate document and submit this by email to the FoM CPRM office at VMS_CSA_Immunise@uottawa.ca.

Signature of home university representative: _____

Print Name and Title: _____

Date (YYYY-MM-DD): _____ / _____ / _____

University Stamp or Seal: