**International Medical School Official Certification**

**For Completion by Dean/Designated Official of Student’s Home Medical School**

**STUDENT: Last Name:**       **First Name:**      

This is to certify that the medical student named above is in good standing at this institution and will be returning to this institution to complete medical studies. This further certifies that the information provided on this application is correct, and that the student does have our permission to engage in research activities at the University of Pennsylvania Perelman School of Medicine. The student has completed the equivalent of a US bachelor’s degree (a minimum of four years of post-secondary school education). The student is covered by personal health insurance (attach proof) which covers the student while away from our school and in the United States. In addition, the signature below serves to certify that we have no record of this student’s ever having engaged in criminal activity of any kind.

**MEDICAL SCHOOL OFFICIAL: Last Name** :       **First Name:**      

**Official Title:**       **Email Address:**

**Medical School Name:** **Location: (city/country)**      

**Is instruction at your medical school in English? Yes**  **No**

*(if English is not the principal language of instruction, student’s TOEFL exam results must be provided)*

*Signature of Medical School Official Date*

**Student Attestation & Behavioral Agreement**

*please check each item and sign at the end of this section*

The information I have provided in my application form and all attachments is accurate. If I am accepted at Penn:

I understand that I remain a student in my home school.

I will respect the confidential nature of all medical records and personally identifiable information related to patients.

I will act prudently within the limits of my knowledge, experience, and training; follow policies related to procedures and etiquette; and wear attire acceptable to the Perelman School of Medicine.

I shall respect all property belonging to the University of Pennsylvania and its affiliated institutions and I understand that Í will be responsible for the repair or replacement of any property damaged or destroyed by me.

I will be responsible for my own housing and transportation to and from the Perelman School of Medicine.

I understand that if I am unable to attend scheduled activities, I must notify the Perelman School of Medicine and my home school.

I agree to abide fully by the University of Pennsylvania’s Code of Conduct (<http://www.upenn.edu/osl/conduct.html>) and Code of Academic Integrity (<http://www.upenn.edu/osl/acadint.html),and> abide by all laws and other relevant legal conditions surrounding the program.

I will conduct myself in accordance to the highest personal standards of character and integrity and not engage in any behavior that is deemed as inappropriate or unacceptable by the head of laboratory/internship supervisor or an authority of the Perelman School of Medicine or the University of Pennsylvania.

I will actively engage in the practice of good personal safety behaviors.

If in the opinion of the head of laboratory/internship supervisor or an authorized officer of the School, I am found to be in non-compliance of this agreement, I understand that my volunteer experience may be terminated immediately.

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*Signature of Medical Student* *Date*