**Verification Statement Required for Boston Medical Center**

Home institutions must generate one of the following verification statements (Verification Statement Option #1 or Verification Statement Option #2) on behalf of a student accepted for an elective at Boston University School of Medicine. The verification statements are identical with the exception of item #6 in the statement.

**Directions:**

**Step 1:**

* Verify that items #1-4 are accurate. See either Verification Statement below for these items.
* Verify that #5 is accurate. Item #5 states:

Student is and will be covered by professional malpractice liability insurance (with a limit of no less than $1,000,000 per occurrence, $3,000,000 in the aggregate) during the elective period either by the home institution’s carrier or another carrier with commensurate coverage.

For item #5, if your home institution does not provide malpractice liability coverage at the level indicated, the student must show proof of commensurate coverage for you to complete the statement.

**Step 2:**

* Verify item #6 by choosing Verification Statement Option #1 (on page 3 of this document) or Verification Statement Option #2 (on page 4 of this document).

Use **Verification Statement Option #1** if your institution has commercial general liability coverage. Item #6 in Verification Statement Option #1 states:

Student is covered by his/her home institution’s commercial general liability policy (with a limit of no less than $1,000,000 per occurrence, $3,000,000 in the aggregate) during the elective period.

**OR**

Use **Verification Statement Option #2** if your institution does not have commercial general liability coverage. Thus, the student will be covered by Boston University’s policy. Item #6 in Verification Statement Option #2 states:

Student is and will be covered by Boston University’s commercial general liability policy (with a limit of no less than $1,000,000 per occurrence, $3,000,000 in the aggregate) during the elective period.

**Step 3:**

Copy and paste the text for the statement of your choice (Verification Statement Option #1 or Verification Statement Option #2) into a new document that contains your institutional letterhead. In the document, fill in the necessary fields that are indicated as follows:

* [ Date ]
* [ Home institution name ]
* [ Home institution address ]
* As the authorized representative of [home institution name], I verify that
[ name of student ]
* [ Signature of authorized representative ]
* [ Name of authorized representative ]

**Step 4:**

Save the document and forward it to the student who will upload it into his/her VSAS application for Boston University School of Medicine.

Verification Statement Option #1

|  |
| --- |
| [ Date ][ Home institution name ][ Home institution address ]To: Boston Medical CenterAs the authorized representative of [home institution name], I verify that [ name of student ] has met the following requirements for placement at Boston Medical Center. 1. Student is in good academic standing at the home institution.
2. Student has completed a criminal background check.
3. Student is covered by personal health insurance.
4. Student meets all immunization requirements as defined by the home institution.
5. Student is and will be covered by professional malpractice liability insurance (with a limit of no less than $1,000,000 per occurrence, $3,000,000 in the aggregate) during the elective period either by the home institution’s carrier or another carrier with commensurate coverage.
6. Student is covered by his/her home institution’s commercial general liability policy (with a limit of no less than $1,000,000 per occurrence, $3,000,000 in the aggregate) during the elective period.

[ Signature of authorized representative ] [ Name of authorized representative ] |

Verification Statement Option #2

|  |
| --- |
| [ Date ][ Home institution name ][ Home institution address ]To: Boston Medical CenterAs the authorized representative of [home institution name], I verify that [ name of student ] has met the following requirements for placement at Boston Medical Center. 1. Student is in good academic standing at the home institution.
2. Student has completed a criminal background check.
3. Student is covered by personal health insurance.
4. Student meets all immunization requirements as defined by the home institution.
5. Student is and will be covered by professional malpractice liability insurance (with a limit of no less than $1,000,000 per occurrence, $3,000,000 in the aggregate) during the elective period either by the home institution’s carrier or another carrier with commensurate coverage.
6. Student is and will be covered by Boston University’s commercial general liability policy (with a limit of no less than $1,000,000 per occurrence, $3,000,000 in the aggregate) during the elective period.

[ Signature of authorized representative ] [ Name of authorized representative ] |