**Verification Statement Required for Boston Medical Center**

Home institutions must generate the following verification statement on behalf of a student accepted for an elective at Boston University Chobanian & Avedisian School of Medicine.

**Steps to Complete the Verification Statement**

**Step 1:**

Copy and paste the text from the verification statement on page 2 of this document into a new document that contains your institutional letterhead.

**Step 2:**

Complete all fields indicated in red: e.g. [ Home institution name ]

**Step 3:**

Verify statements #1 - #5 are accurate. See note below about item #5.

**Step 4:**

Choose **one** of the two options for statement #6. Delete the option not chosen. See note below about item #6 options.

A close-up of a document

Description automatically generated with low confidence

**Note 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 this statement.

**Note for item #6:**

* Use the **first statement** if your institution **has** commercial general liability coverage and the student is covered by this policy.
* Use the **second statement** if your institution **does not have** commercial general liability coverage. Thus, the student will be covered by Boston University’s policy.

Verification Statement

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| --- |
| [ Date ]  [ Home institution name ]  [ Home institution address ]  To: Boston Medical Center  As 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.   OR   1. 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 ] |