

**Dean's Statement for
SCORE Application**

Stanford University School of Medicine
Office of Medical Student Affairs

Student Name: _____

Quarter Applying: _____

Name of Medical School: _____

1. This applicant is a currently registered senior year student in the M.D. or D.O. degree program at the school listed above, which is accredited by the Liaison Committee on Medical Education or Education Department of the American Osteopathic Association
2. The student is approved to take an elective at Stanford University School of Medicine
3. The student is covered by malpractice insurance by the school above

Indicate the limits of the coverage:

\$ _____ Per Occurrence (minimum requirement is \$1,000,000)

\$ _____ Aggregate (minimum requirement is \$3,000,000)

Circle Yes or No

4. *Yes/No* Student has been trained on Bloodborne Pathogens
5. *Yes/No* Student has been trained on patient privacy and data security, understands the requirements of HIPAA, and has had no compliance issues with such rules
6. *Yes/No* Student has passed USMLE Step 1 or COMLEX Level 1
7. *Yes/No* Student will have completed the core clerkships in **Medicine, Pediatrics, and Surgery** by the time of the elective
8. Circle any other core clerkships the student will have completed by the time of the elective:

Ambulatory Medicine | Critical Care | Family Medicine | Neurology | Ob/Gyn | Psychiatry

With my signature below, I certify that the above statements are true and correct to the best of my knowledge.

Signature: _____
(Dean of student's home school)

Title: _____

Date: _____

Important: Please affix or stamp school seal here →