

- Please only list **one institution per request**.
- Select which items you need and provide the necessary information.
- Processing time will be delayed if the necessary information is not provided.
- You will be contacted by e-mail to obtain any needed additional information.
- Please allow 3-5 business days for processing.

Name: _____ Preferred name: _____
 E-mail: _____ @wakehealth.edu Class of _____ Deadline Date: _____
 Name of the Institution you are applying to: _____

<input type="checkbox"/> Verification Letter	Needs to be signed by a dean:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>This letter verifies the following:</i> *Student/Enrollment Status & Academic Standing *HIPAA & Universal Precautions (OSHA) Training *Certification of ACLS/BLS Training *Completion of Mask Fit Test *Completion of Required Core Clerkships *Health & Malpractice Insurance Coverage (copy of certificate provided) *Confirmation of Health Insurance Coverage (student must provide a copy of card) * Completion of National/Local Criminal Background Check NOTE: Completion of a drug screen will be verified upon request.			
<input type="checkbox"/> Transcript	<input type="checkbox"/> Official (transcript paper w/ seal; sealed in envelope; cannot be faxed or e-mailed)		
	<input type="checkbox"/> Unofficial (plain white paper; no seal/envelope; can be faxed or e-mailed)		
<input type="checkbox"/> USMLE Step 1, Step 2 CK & CS (Provided as a signed verification letter stating that you have successfully passed – Actual Scores and transcripts must be requested from the NBME.)			
<input type="checkbox"/> Required Application Forms	# of pages attached:		

Please check the appropriate options. You will be e-mailed confirmation once your request has been processed.

- I will pick up my items once they are complete.
- Please mail, e-mail or fax my items to the indicated recipient: