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 2-4 business days for processing.

Name: ___________________________ Nickname: ___________________________
E-mail: ___________________________ @wakehealth.edu Class of ____________ Deadline Date: ____________

Name of the Institution you are applying to: ___________________________________________________________

<table>
<thead>
<tr>
<th>Verification Letter</th>
<th>Needs to be signed by a dean:</th>
<th>Yes</th>
<th>No</th>
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</table>

*This letter verifies completion of the following:*

*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.

<table>
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<th>Transcript</th>
<th>Official (transcript paper w/ seal; sealed in envelope; <strong>cannot</strong> be faxed or e-mailed)</th>
<th>Unofficial (plain white paper; no seal/envelope; <strong>can</strong> be e-mailed to @wakehealth.edu)</th>
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<tr>
<th>Required Application Forms</th>
<th># of pages attached:</th>
</tr>
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</table>

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 to my @wakehealth.edu
- [ ] Please upload into VSAS

Form revised 07/2014

**FOR OFFICE USE:** Completed by *(initials)_: _________ Date Completed: ____________