Studen	t Name: Received by Academic Affairs:
Email:	
	Marshall University Joan C. Edwards School of Medicine <u>Visiting Student Checklist</u>
All app	olications must include the following documentation:
	Completed Application
	OSHA
	HIPAA
	Letter of Good Standing/Approval Letter from Home School
	Malpractice Insurance Certificate
	Personal Health Insurance Card
	Photo ID (Driver's License, State issued ID, or Passport)
	Immunization Documentation (please see list on application page 2 of updated immunizations needed)
	USMLE Step 1 Scores
	CRIMINAL BACKGROUND CLEARANCE (must have been within 1 year)

☐ Drug Screen (must have been within 1 year)

Once application is approved there will be additional paperwork emailed to the email address provided on the application for hospital approval.