The medical educational and training programs of the Faculty of Medicine at the University of Ottawa require all students to undertake clinical training in settings such as hospitals and other external agencies. During this elective, students will be in contact with the public and will assume positions of trust with vulnerable individuals and/or children under the age of 18. Therefore, the university requires that all medical students provide an original Canadian Police Vulnerable Sector Screening.

In addition, all in-coming Canadian medical students who are enrolled in a university abroad and are applying for an elective rotation with the Faculty of Medicine’s medical education program, must have this Attestation Form completed by their home university representative. The home university must then submit this form to the Faculty of Medicine Clinical Placement Risk Management (FoM CPRM) office prior to the start of the training.

<table>
<thead>
<tr>
<th>To be completed and signed by the home university representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name: ___________________________  First name:____________</td>
</tr>
<tr>
<td>Date of birth (yy/mm/dd): <strong><strong><strong>/</strong></strong></strong>/______  Year of admission:__________</td>
</tr>
<tr>
<td>Name of home school and country of study:__________________________</td>
</tr>
</tbody>
</table>

Please check off the appropriate box for each statement.

☐ YES ☐ NO  The student has previously submitted a clear criminal background record check upon admission to the university.

☐ YES ☐ NO  The student is in good standing at the university

☐ YES ☐ NO  To our knowledge, the student does not have any criminal charges pending.

If you answered NO to any of the statements, please provide details of ALL incidents on a separate document and submit this by email to the FoM CPRM office at VMS_CSA_Immunise@uottawa.ca.

Signature of home university representative: _____________________________

Print Name and Title: ________________________________________________

Date (YYYY-MM-DD):______/______/______

University Stamp or Seal:

Should you have any questions, please contact FoM CPRM at VMS_CSA_Immunise@uottawa.ca.