

**Michigan State University College of Human Medicine
Visiting Student Supplemental Application**

Thank you for your interest in the Michigan State University College of Human Medicine! This supplemental application must be submitted with your VSAS application. Applications will not be considered or processed until this document is uploaded. ***Applications are not accepted via email, fax, or US Mail.***

Student's Full Legal Name: _____
Please type info or print legibly.

Additional Student Information

Are you considering applying to one of our residencies? Yes No Unsure

If so, which program(s): _____

Examination and Training Record

Have you passed USMLE Step 1 OR COMLEX Level 1 Exam: Yes No
Score _____ Number of times taken _____

Have you passed USMLE Step 2 Clinical Knowledge OR COMLEX Level 2 Exam? Yes No
Score _____ Number of times taken _____

Have you passed USMLE Step 2 Clinical Skills Exam? Yes No Number of times taken _____

Special Accommodation Needs

If the student has accurate or chronic health problems or special accommodations that need to be in place to successfully complete this elective, please explain any specific required accommodations below. Attach a separate sheet if more room is needed.

BACKGROUND INVESTIGATION RELEASE STATEMENT Please type info or print legibly.

Full Legal Name _____

Other Names Used _____

Date of Birth _____ Last four of Social Security Number _____

Driver's License Number _____ State/Country _____

Home Address History Current home address first. (Must have prior 10 years. **Include separate sheet if more room is needed.**)

Address, City, County, State, Zip, Country	Dates at Address (List current address first)

Employment History (Must have prior 10 years.; **use a separate sheet if more room is needed.**)

Please type info or print legibly.

Name of Employer: Address: City, State and Zip: (Area Code) Phone Number:	Dates of Employment:
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Name of Employer: Address: City, State and Zip: (Area Code) Phone Number:	Dates of Employment:

Full Legal Name: _____

Please type info or print legibly.

Prior to my Visiting Learner Rotation I understand that investigative background inquiries are going to be made on me. I understand that you will be requesting information from various Federal, State, Local and other agencies which maintain records concerning my past activities relating to my driving history, credit, criminal, civil and other experiences. These reports may also include inquiries regarding my educational history and past work experience and performance, including reasons for termination of employment.

I authorize, without reservation, any party or agency contacted by this employer or its agents, to furnish any of the above mentioned information requested. I understand that such information may contain my social security number. I release all parties from all liability for any damage that may result from furnishing that information to this company.

I understand that the information generated, received or maintained during, and as a result of this investigation, will be maintained as confidential information.

A photocopy of this document is considered to be as valid as the original document.

I acknowledge that I have received a copy of my rights under the Fair Credit Reporting Act.

Signature: _____

Must be hand-signed. Electronic signatures are not accepted.

Date: _____

Email Address: _____

Phone Number: _____