University of Washington School of Medicine

Essential Requirements of Medical Education: Admission, Retention, Promotion, and Graduation Standards

Preamble

In 1995, the University of Washington School of Medicine’s Ad Hoc Committee to Develop Technical Standards for Admission to and Retention in the MD program developed and the faculty approved the Essential Requirements of Medical Education, including technical standards, that addressed the 1990 landmark legislation of the Americans with Disability Act, Section 504.

In 2013, the Academic Affairs Working Group to Review the Technical Standards was appointed to conduct a rigorous review of the School of Medicine’s 1995 Essential Requirements of Medical Education, including updating the technical standards to reflect the curriculum renewal’s ongoing process of curricular change and innovations. This review took cognizance of the Americans with Disability, Section 504 and the 2008 Americans with Disability Amendments Act that restated the original legislative intent that the definition of disability be construed in favor of providing broad coverage of individuals under the law, including the “invisible disabilities”: learning disabilities and reading disorders. The 2013 Academic Affairs Working Group’s recommended revisions of the Essential Requirements of Medical Education were reviewed and approved by the Faculty Council on Academic Affairs on December 12, 2013. The approved revisions reflect the University of Washington faculty’s and institution’s position on policies and standards regarding the essential requirements that must be met for admission, retention, promotion, and graduation with the MD degree from the University of Washington School of Medicine.

Essential Requirements for Medical Education

Note: Throughout the document, “student” refers to the applicant and medical student.

The University of Washington School of Medicine recognizes the MD degree as a broad undifferentiated degree requiring the acquisition of general knowledge and basic skills in all fields of medicine necessary to care for patients. The education of a physician requires assimilation of knowledge, acquisition of skills, and development of judgment through patient care experience in preparation for independent and appropriate decisions required in practice. The current practice of medicine requires collaboration among physicians, other health care professionals, and patients and their families.

Within the LCME standards, the School of Medicine has the ultimate responsibility for the selection of students; the design, implementation, and evaluation of its curriculum; the evaluation of students’ performance; and the determination of who should be awarded a medical degree. Admission and retention decisions are based not only on prior satisfactory academic achievement but also on non-cognitive factors, which serve to insure that the student can complete the essential functions of the academic program required for graduation.

The development of the School of Medicine’s 1995 Essential Requirements for Medical Education included an in-depth review by each basic science and clinical department of their respective required courses and identification of the essential functions that students must meet with or without accommodations. The current continuous curriculum renewal, beginning in 2012, takes cognizance of these identified essential functions that determine the requirements for admission, retention, promotion,
and graduation of applicants and students respectively at the University of Washington School of Medicine. Graduates are expected to be qualified to enter and practice in the field of medicine.

The University of Washington School of Medicine endeavors to select applicants who have the ability to become highly competent physicians. The School’s goal is to produce skilled individuals who can practice as physicians who put the patient first in the delivery of safe and effective medical care. Technical standards have been developed and approved by the faculty, and reflect the essential relationship of medical education to the practice of the profession of Medicine.

**Technical Standards**

Technical standards refer to those cognitive, behavioral, and physical abilities required for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students approved to graduate with the MD degree. The essential abilities required by the curriculum and for the practice of medicine are in the areas listed below and cannot be compromised without fundamentally threatening a patient’s safety and well-being, the institution’s educational mission, or the profession’s social contract:

- Intellectual/Cognitive: conceptual, integrative, quantitative abilities for problem solving and diagnosis
- Professionalism/Behavioral and Social Aspects of Performance
- Communication
- Physical and Mental Requirements

The individual must be able to function independently in his/her care and interactions with patients without the use of a surrogate in any the above categories.

**Intellectual/Cognitive: conceptual, integrative, quantitative abilities for problem solving and diagnosis**

The University of Washington School of Medicine’s curriculum requires essential abilities in information acquisition. The student must have the ability to master information presented in course work through lectures, written material, projected images, and other forms of media and web-based presentations, and through simulations that require a variety of different skills.

The student must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level deemed appropriate by the faculty. These skills may be described as the ability to comprehend, memorize, analyze, and synthesize material. He/she must be able to discern and comprehend dimensional and spatial relationships of structures and to develop reasoning and decision-making skills appropriate to the practice of medicine.

**Professionalism/Behavioral and Social Aspects of Performance**

The student must possess personal qualities, which include compassion, empathy, altruism, integrity, responsibility, sensitivity to diversity, and tolerance. The student must understand and apply appropriate standards of medical ethics. The student must maintain appropriate professional boundaries within all settings, including those in which he/she is caring for patients and their families or interacting with faculty, residents, peers, staff, and healthcare team members. The student must be able to function as a
member of the healthcare team, often within a multidisciplinary team-based environment, regardless of the specialty.

Communication

The student must communicate effectively in English with patients and families, physicians, and other members of the health care team. The communication skills require the competency to process all information provided, including the recognition of the significance of non-verbal responses, to allow for appropriate, timely, well-focused follow-up inquiry. The student must be capable of responsive, empathetic communication to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences.

The student must process and communicate information on the patient's status in a timely manner with accuracy and in a succinct yet comprehensive manner to physician colleagues and other members of the healthcare team in settings in which time available is limited. Written, dictated, or electronic medical record entries of patient assessments, treatment plans, prescriptions, etc., must be timely, complete and accurate. Ability to interact with, utilize, and navigate an electronic medical record is essential as this entails tasks such as entering orders, responding to electronic prompts, etc. Putting patient safety first, appropriate communication relies on the student recognizing he/she may lack the skills or knowledge to manage the situation and making a correct judgment to seek assistance and supervision in a timely manner.

Physical and Mental Requirements

The physical and mental requirements include essential abilities in the areas of observation and perception, sensory and tactile functions, fine and gross motor coordination, and stamina that are necessary in the examination, assessment, and care of patients.

The student must have the ability to take a medical history and perform a physical examination. Such tasks require the ability to communicate with the patient. The student will be required to perform a comprehensive physical examination, elements of which patients expect will be performed by the physician. See the UW School of Medicine’s First Year Introduction to Clinical Medicine’s Basic Physical Examination of the Adult: Checklist included in this document.

The student must have the physical and emotional stamina, stability, and capacity to function in a competent manner in clinic, hospital, classroom, and laboratory settings that may involve heavy workloads, long hours, and stressful situations. The student must also be able to adapt to environments that may change rapidly without warning and/or in unpredictable ways.

Policy Guidelines

The University of Washington School of Medicine has the responsibility to the public to assure that its graduates can become fully competent physicians, capable of fulfilling the Hippocratic duty "to benefit and do no harm". Thus, it is important that persons admitted possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice medicine.

As an accredited medical school, the University of Washington School of Medicine adheres to the accreditation standards promulgated by the Liaison Committee on Medical Education in “Functions and Structure of a Medical School”.
As part of the University of Washington, the School of Medicine is committed to the principle of equal opportunity. For example, the School does not discriminate on the basis of race, color, creed, religion, national origin, cultural or ethnic background, socio-economic status, gender, gender identity, sexual orientation, age, marital status, disability, or status as a veteran. See Executive Order 31, https://u.washington.edu/rules/policies/PO/EO31.html.

While an individual’s performance is impaired by abuse of alcohol or other substances, he/she is not a suitable student for admission, retention, promotion, or graduation.

The intention of an applicant or student to practice a narrow part of clinical medicine or to pursue a non-clinical career does not alter the requirement that all medical students take and achieve competence in the full curriculum, evaluations of academic and professional conduct, and USMLE licensure examinations required by the faculty.

Medical students must continue to meet the medical school’s technical standards throughout their enrollment.

A student who has or develops a chronic disease or condition will be expected to seek and continue under the care of a physician. However, should the student have or develop a condition or disability that would pose a health or safety risk to patients, self, or others and that could not be managed with a reasonable accommodation, the student may be placed on a mandated leave of absence or be dismissed from the School of Medicine.

Applicants and students must meet the legal standards to be licensed to practice medicine in the States of Washington, Wyoming, Alaska, Montana, and Idaho. As such, students for admission must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them prior to matriculation in the School of Medicine. In addition, should the student be convicted of any felony offense while in medical school, s/he agrees to immediately notify the Associate Dean for Student Affairs as to the nature of the conviction. Failure to disclose prior or new offenses can lead to rescinding the offer of admission, disciplinary action, or dismissal.

**Accommodations**

Applicants to and students enrolled in the School of Medicine’s WWAMI program must follow the approved process for requesting and receiving appropriate reasonable accommodations to enable them to have the opportunity to meet the School of Medicine’s essential requirements for completion of the medical school curriculum and for the practice of medicine. Applicants and enrolled students are responsible for requesting accommodations and for providing the appropriate, required documentation of the disability in a timely manner to the University’s Disability Resources for Students (DRS) Office or comparable University office at the WWAMI regional sites. The DRS Office (or comparable regional university office) will review the documentation and engage the School of Medicine and the student in an interactive process both to review accommodation requests in light of a student’s functional limitations and the essential elements of the MD degree program and also to determine reasonable accommodation(s) on a case-by-case basis. See DRS Office webpage on process for new students. http://depts.washington.edu/uwdrs/prospective-students/getting-started/

A student who develops or manifests a disability after matriculation may be identified to the Academic Affairs Office through a variety of sources, e.g., self-report, a report of accident or illness, or faculty observations of special aspects of poor academic performance. If the degree to which the student has become disabled raises questions related to meeting the technical standards, the matter will be referred to the Associate Dean for Student Affairs who will consult with the Assistant Director of the Disability for
Student Resources (DRS) Office assigned to the medical school. The DRS Office will request the student to submit appropriate documentation in regard to the disability from a qualified health professional and will subsequently work with the student and the Associate Dean in assessing if the student can meet the School’s technical standards with a reasonable accommodation.

Reasonable accommodations are designed to effectively meet disability related needs of qualified students, yet will not fundamentally alter essential elements of this program, create an undue burden for the University, or provide new programming for students with disabilities not available to all medical students. The School of Medicine is ultimately responsible for implementation of approved accommodations.

**Technical Standards: Expanded Examples**

*Note:* Throughout the document, “student” refers to the applicant and medical student.

**Intellectual/Cognitive**

The student is expected to have essential abilities in information acquisition, integration, and problem solving as an applicant and to gain and demonstrate higher levels of competence as he/she progresses through medical school. These include, but are not limited to, the following:

The student must

- measure, calculate, memorize, organize, analyze, comprehend, integrate, and synthesize material
- comprehend and apply written material at a level to be able to independently accomplish curricular requirements and provide clinical care for patients
- demonstrate cognitive abilities necessary to master relevant content in basic science and clinical courses deemed appropriate by the faculty through a variety of sources including lectures, written material, use of computers and other forms of media, and simulations
- discern and comprehend dimensional and spatial relationships of structures
- demonstrate reasoning, decision-making skills, and sound judgment appropriate to the practice of medicine
- solve problems rapidly; this critical skill demanded of physicians requires the ability to learn, reason, integrate, analyze, and synthesize data concurrently in a multi-task setting where there may be a high level of stress and distraction
Professionalism/Behavioral and Social Aspects of Performance

The student is expected to have essential abilities in behavioral and social attributes and professionalism as an applicant and to gain and demonstrate higher levels of competence as he/she progresses through medical school. These include, but are not limited to, the following:

The student must:

- be respectful of patients, faculty, peers, and members of the medical school community: show up on time, be prepared, and wear appropriate dress
- take responsibility for his/her education; participate, contribute to the learning environment, and receive and act on constructive feedback from members of the medical school community and healthcare teams
- function as a contributing member of the healthcare team
- demonstrate integrity as manifested by truthfulness, acceptance of responsibility for one’s actions, accountability for mistakes, and the ability to place the well-being of the patient above his/her own when necessary
- demonstrate empathy and concern for others while respecting appropriate personal and professional boundaries
- demonstrate the ability to develop mature, sensitive, and effective professional relationships with patients and all members of the medical school community and health care teams
- demonstrate attributes which include compassion, empathy, altruism, integrity, responsibility, dedication, fairness, respect for self and others, and tolerance
- demonstrate sensitivity to diversity and different beliefs that may affect his/her interactions
- understand and apply appropriate ethical principles and standards of medical ethics within the setting in which he/she is caring for patients
Communication

The student is expected to have essential skills in communication as an applicant and to gain and demonstrate higher levels of competence as he/she progresses through medical school. These include, but are not limited to, the following:

The student must

- communicate effectively in English verbally and in writing or electronically in a variety of settings with patients and families, physicians, other members of the health care team, and peers; and have the ability to comprehend written communications

- have the ability to take a medical history and perform a physical examination which includes the ability to communicate and interact with patients in an effective manner in order to elicit information, assess non-verbal communications, and describe changes in mood, activity, and posture; work effectively with patient’s interpreter when needed

- expediently assess all information including recognizing the significance of non-verbal responses to allow for appropriate, well-focused follow-up inquiry

- demonstrate communication skills that are essential for the formation of effective professional relationships with teachers and colleagues and therapeutic relationships with patients

- establish rapport in a way that promotes openness to the patient’s concerns and sensitivity to potential cultural differences

- recognize urgent situations in which timely supervision, assistance, and consultation must be sought

- process and communicate information in a timely manner on the patient's status to physician colleagues, peers, and members of the healthcare team. This must be done with accuracy and in a succinct yet comprehensive manner in settings in which time available is limited

- write or dictate patient assessments, prescriptions, etc., that are complete and accurate and submitted in a timely manner

- give and receive constructive feedback, and demonstrate the ability to process feedback and utilize it to conform behavior to expected professional standards
Physical and Mental Requirements

The student is expected to have essential abilities in the areas of physical and mental requirements as an applicant and to gain and demonstrate higher levels of competence as he/she progresses through medical school. The physical and mental requirements are in the areas of observation/perception/sensory/tactile, motor coordination/function, and stamina. Below are examples of the essential abilities in each of these areas.

Observation/Perception/Sensory/Tactile

The student is expected to have essential abilities in the areas of observation, perception, sensory, and tactile.

Students must be able to perceive by the use of senses the presentation of information through a variety of media. These include, but are not limited to, the following:

- large group lectures
- demonstrations and laboratory experiments
- small group discussions and presentations, including team-based learning
- written material, audiovisual material, including computer-based material
- simulations
- one-on-one interactions

The student must be capable of perceiving signs of disease and essential structures as demonstrated or taught in the foundation and clinical courses, such as Anatomy and Introduction to Clinical Medicine, and as manifested through the physical examination. See the UW School of Medicine’s First Year Introduction to Clinical Medicine’s Basic Physical Examination of the Adult: Checklist included in this document.

In addition, the following are essential to the practice of medicine:

- ability to distinguish normal from abnormal findings on physical examination
- patient encounter observations (at a distance and close at hand)
**Motor Coordination/Function**

The student is expected to have essential abilities in areas of motor coordination and function. These include, but are not limited to, the following:

The student must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Such actions require coordination of both gross and fine muscular movements, balance and functional use of the senses. The student should have sufficient motor function to

- perform within a reasonable time period appropriate to the patient care setting
- elicit information from patients by palpation, inspection, auscultation, percussion, and other diagnostic maneuvers
- perform diagnostic or therapeutic procedures
- respond and perform with precise, quick, and appropriate action in emergency situations
- complete timed demonstrations of skills
- perform routine invasive procedures including the use of universal precautions to avoid posing risks to patients and the student such as venipuncture
- function in outpatient, inpatient, surgical, and other procedural venues
- perform in a reasonably independent and competent way in sometimes chaotic clinical environments

**Stamina**

The student is expected to be able to meet the required physical and mental essential abilities as an applicant and to gain and demonstrate higher levels of competence as he/she progresses through medical school. These include, but are not limited to, the following:

The student must

- possess the emotional health required for appropriate utilization of intellectual abilities, the exercise of good judgment, and the timely completion of all responsibilities attendant to their academic work, team work, and patient care. The student should be proactive in making use of available resources to help maintain both physical and mental health.
- have the emotional and psychological stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways.
- possess sufficient stamina to be able to tolerate demanding workloads, as outlined in the School of Medicine’s Required Clerkship Committee guidelines and in ACGME duty hour requirements.
- have the ability to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the medical education and clinical practice settings.
Medical students will be required to perform a comprehensive physical examination. The Checklist below provides an overview of the physical examination tasks.

### BASIC PHYSICAL EXAMINATION OF THE ADULT: CHECKLIST

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Comments/Notes</th>
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<tbody>
<tr>
<td><strong>A. Preparation</strong></td>
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<tr>
<td>1. Wash Hands</td>
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<td>2. Ensure optimal conditions (e.g. lighting, availability of equipment)</td>
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<td>3. Ensure patient modesty and comfort</td>
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<td><strong>B. Examination Sequence: with patient sitting, facing examiner:</strong></td>
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<td>4. Observe general appearance</td>
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<td>5. <strong>Vital signs</strong></td>
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<td>a. Measure blood pressure in either arm</td>
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<td>b. Palpate radial pulse; count for 15 seconds</td>
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<td>c. Observe respiratory rate; count for 15 or 30 seconds</td>
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<td>6. <strong>Skin and Nails</strong></td>
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<td>a. Examine hands &amp; fingernails</td>
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<td>b. Examine rest of skin throughout physical exam.</td>
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<td>7. <strong>Head and face</strong></td>
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<td>a. Observe, inspect and palpate head, face, hair, scalp, skull</td>
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<tr>
<td>b. Have patient bite down while palpating masseter muscles, touch facial skin bilaterally on forehead, cheeks, mandibular regions (CN V)</td>
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<td>c. Have patient raise eyebrows, squeeze eyes shut and show teeth (CN VII)</td>
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<td>8. <strong>Eyes</strong></td>
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<td>a. Test visual acuity</td>
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<td>b. Perform external examination: lids, lashes, conjunctiva, sclera, cornea, anterior chamber and iris</td>
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<td>c. Test extraocular movements (CN III, IV, VI)</td>
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<td>d. Test corneal light reflection and compare size, shape of pupils.</td>
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<td>e. Test for direct and consensual reaction to light (CN II, III)</td>
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<tr>
<td>f. Perform funduscopic exam, describing red reflex, blood vessels, retinal background, cup and disk, and macula</td>
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<td>9. <strong>Ears</strong></td>
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<td>a. Inspect auricle and mastoid, palpate helix and tragus for tenderness</td>
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<td>b. Use otoscope to examine external canal and tympanic membrane, describing appearance and landmarks</td>
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<tr>
<td>c. Test hearing (CN VIII)</td>
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<tr>
<td>10. <strong>Nose/Mouth</strong></td>
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<td>a. Inspect the external nose</td>
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<td>b. Inspect the nares, nasal cavities, septum, and turbinates</td>
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<td>c. Inspect the lips, mucosa, tongue, floor of mouth, palate, tonsils, and oropharynx</td>
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<td>d. Inspect teeth and gums</td>
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<td>e. Have patient phonate and inspect palate and uvula (CN IX and X)</td>
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<td>f. Have patient extend tongue (CN XII)</td>
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<td>11. <strong>Neck/Thyroid</strong></td>
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<td>a. Inspect for asymmetry</td>
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<td>b. Check range of motion of neck</td>
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c. Have patient shrug shoulders/turn against resistance (CN XI)

d. Palpate lymph nodes in anterior and posterior cervical triangles, submandibular, supraclavicular, and infraclavicular areas

e. Examine thyroid gland

f. Standing behind patient, palpate thyroid gland

12. Chest:
   a. Inspect chest, including respiratory effort, presence of distress, chest shape and symmetry
   b. Palpate chest – place hands on chest and confirm symmetric chest expansion
   c. Percuss posterior lung fields
   d. Percuss spine and costovertebral angles
   e. Auscultate chest: posterior, lateral, and anterior

C. With patient seated, gown below waist

14. Breasts
    a. Inspect for asymmetry, nipple inversion, skin changes
    b. Have patient place hands on hips and contract pectoralis muscles; observe skin for dimpling

D. Patient supine, gown lowered on one side, with ipsilateral hand behind head:

14. Breasts (continued)
    a. Palpate breast tissue using circular movements and three different levels of pressure, in vertical strip pattern

E. With patient again seated, gown below waist

15. Axillae
    a. Palpate four axillary lymph node groups

F. With patient supine, gown lowered to expose the chest

16. Heart and vessels
    a. Inspect and palpate for apical impulse, lifts and palpable thrill.
    b. Auscultate the precordium over the cardiac apex, LLSB, left 2nd ICS and 2nd ICS
    c. Determine heart rate and rhythm
    d. Listen for normal and abnormal sounds at each location

17. Pulses and Lymph
    a. Palpate carotids
    b. Auscultate carotids with bell of the stethoscope
    c. Locate and palpate the DP and PT pulses
    d. Check for edema

18. Abdomen/inguinal areas
    a. Expose and inspect the abdomen for distention, scars, masses and visible enlargement of liver or spleen
    b. Auscultate for bowel sounds and bruits
    c. Percuss abdomen in all 4 quadrants
    d. Percuss the liver
    e. Palpate all 4 quadrants lightly, then more deeply
    f. Palpate for liver and spleen
    g. Palpate inguinal areas for lymph nodes, femoral pulses
    h. Auscultate for bruits

G. Patient sits, facing examiner

19. Neurologic Exam
    a. Evaluate mental status
    b. [CN Testing – usually done in HEENT exam]
    c. Examine extremities for symmetry, bulk, and tone
    d. Test upper extremity strength: shoulder abduction, elbow flexion/extension, wrist flexion/extension, grip strength, finger abduction
    e. Test lower extremity strength: hip flexion, knee
flexion/extension, foot dors/plantar-flexion
f. Test upper extremity (pronator) drift
g. Test DTRs: biceps/triceps/patellar/Achilles
h. Test plantar response (Babinski)
i. Test sensation (light touch and vibration)
j. Test cerebellar function with either FNF or heel-shin test
k. Test gait

H. Patient stands, examiner seated on stool, gown lifted
20. Male Genitalia: [describe]
a. Examine penis and urethral meatus
b. Examine the scrotum, palpating testes and epididymis
c. Examine for inguinal hernias bilaterally

I. Patient leans over exam table, gown fastened in back
21. Rectal Exam: [describe]
a. Examine anal orifice
b. Perform digital exam noting sphincter tone and palpating prostate and rectal vault
c. Perform stool examination for occult blood
22. Conclude the exam with instruction to patient
APPLICANT/STUDENT ACKNOWLEDGEMENT OF REVIEW

Name: _________________________________________ Date: _______________________

I have read and understand the expectations for successful completion of the MD degree described in the following documents and can meet these with or without accommodations:

_____ Essential Requirements of Medical Education

_____ Technical Standards Expanded Examples

_____ UW School of Medicine’s First Year Introduction to Clinical Medicine’s Basic Physical Examination of the Adult: Checklist

_____ Services available through the Office of Disability Resources for Students

Before signing this acknowledgement of review, if you have any questions about the School of Medicine’s Essential Requirements and Technical Standards and/or the process for requesting accommodations, please contact the School of Medicine’s Office of Admissions, Student Affairs, or Disability Resources for Students.

Applicant or Medical Student Signature       Date

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