UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Students applying to The University of South Dakota Sanford School of Medicine (USD SSOM) Extern Program are required to pass a background check which includes the following criteria.

Pass/Fail Criteria for Criminal Background Investigation

These criteria are based on convictions and not arrest records. A "conviction" means a verdict, a guilty plea or a Nolo Contendere ("No Contest") plea. A student will be considered to have "passed" the criminal background investigation if he/she meets all of the criteria listed below:

A. No convictions (felony or misdemeanor) for drug use or distribution.
B. No convictions (misdemeanor or felony) for serious or violent crimes, including but not limited to homicide or sexual assault.
C. No convictions (felony) for nonviolent offenses.
D. No convictions (misdemeanor or felony) related to moral turpitude, that indicate a potential threat to patient safety/patient care.
E. Not a registered sex offender.
F. Background check included the County, State, and Federal levels, Driving Record, National Criminal Database, and the National Sex Offender Public Registry.

Student Name (please print): _____

Medical/Osteopathic School Currently Attending
(please print): _____

Please check all that apply for your student who is applying to our fourth year extern program.

☐ 1. This is to certify that the (school name) completed a background check on the above named student and that the background check included, but was not limited to criteria listed in A-F above.

☐ 2. This is to certify that the above named student (passed ☐) (failed ☐) the home school background check which included the criteria in A-F above.

☐ 3. The (school name) has not completed a background check on the above named student which included the criteria in A-F above.

Name of person completing form (please print): _____

Title of person completing form (please print): _____

Signature of person completing form: _____

Contact phone number for person completing form: _____

E-mail address for person completing form: _____

Date Signed: _____

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