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.

__________________________

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 the 3 step criteria listed above.

______2. This is to certify that the above named student (passed_____) (failed_____) the home school background check which included the 3 step criteria listed above.

______3. The (school name) _____________________________________________________ has not completed a background check on the above named student which included the 3 step criteria 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: ____________________________________________________________________