***(Note: Letter must be signed on school letterhead; email completed letter in pdf format.)***

(Date)

Student Affiliations ([student.affiliations@umassmemorial.org](mailto:student.affiliations@umassmemorial.org))

UMass Memorial Medical Center, Swift House, Memorial Campus

119 Belmont Street

Worcester, MA 01605

**RE: Letter of Attestation for \_\_\_\_(School name and term/date range**, e.g. Fall 2022 or date range**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name/Cohort of Students (attached list of students): (**student name or group name, e.g., Jane Doe or Fall 2022 Senior Nursing Students (list attached)**)**

**School Contact Name:\_\_(main contact for anything related to this student or group)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Contact Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This Letter of Attestation certifies that per the terms of the agreement the following information has been obtained from each student and faculty (if applicable). Supporting documentation of the below is on file with the school. These documents will be retained for a period of at least ten (10) years from the current date. If any such supporting document listed below is needed by UMMMC, documents will be provided to UMMMC within 48 hours.

1. Current (within 12 months) negative TB screen either through IGRA (Interferon Gamma Release Assay) or a 2-step TST (Tuberculin Skin Test) If Student or Faculty are employees of UMMMC they do **not** need another TB test.
2. MMR vaccine or titers verifying immunity
3. Hepatitis B vaccination and positive titer or evidence provided in writing or health documentation for each student as to receipt of the hepatitis B vaccine along with the numerical result of anti-hepatitis B testing. Students with an anti-hepatitis B level <10 will provide a letter from their PCP for review by the UMMMC Employee Health Department as to on-going assessment of their hepatitis B status.
4. Tetanus/Diphtheria vaccination within 10 years or Tdap
5. Varicella vaccination (2 doses) or evidence of positive titer
6. Annual seasonal Influenza vaccine or declination for medical, religious or personal reasons.
7. Current CPR for the Health Care Provider or Professional Rescuer certification
8. Copy of all Massachusetts License (if applicable)
9. For Nursing Programs: A completion of the Centralized Clinical Placement orientation modules and Facility-specific orientation (applies to all RN, CRNA, NP and LPN Students)
10. The criminal background check process has been completed on the participating students (and faculty, if any), and we have determined they are eligible to participate in clinical experiences.
11. Certificates of Liability in the amount of $1,000,000/$3,000,000 for each student (and faculty, if any) are in effect during the time period of the clinical experience.
12. Students have health insurance coverage as required by the agreement.

I acknowledge that all on-boarding requirements and forms will be provided 2-4 weeks in advance of the start of the clinical rotation, and can be accessed here: <https://www.ummhealth.org/umass-memorial-medical-center/student-on-boarding-process-schools>

Sincerely,

(name)

(Title)

(School Name)

(School Address & Phone number) (email)