Request Form for Letter of Good Standing,
Verification of Enrollment Letter, Certifications/Training Verification

Student Name: ____________________________________________

Signature: _____________________________________________

Class Year: ________________________  Geisel Graduation Year: __________

Date of Request: ________________________  Date Needed: ________________________

I am requesting the following information:

☐ Letter of Good Standing
   includes enrollment information (medicine major, enrollment date, class year, and expected
   month and year of graduation) and: “student is in good standing” line (student must be in
good standing at Geisel to request this letter)

☐ Letter of Good Standing/Away Rotations
   includes enrollment information (see above), confirmation of personal health insurance
   and liability insurance in the amounts of $1 MM per occurrence and $3 MM aggregate,
   and all the information listed below

   PLEASE NOTE: This letter will include all current dates or expiration dates for the
   training listed below. It is your responsibility to be certain that all training is current. If
   there is no date on file with the Geisel Registrar’s office, no date will appear on the letter.

   • HIPAA Training
   • OSHA Training
   • Basic Life Support (BLS) Certification
   • Respiratory Mask Fit Test (if you need to know your mask fit size go to the
     Respirator Fit Test List or contact DHMC Dept. Safety & Environmental Programs
     at 603-650-7233)

☐ Harvard letter (for away rotations at Harvard Medical School)

☐ Other (please explain):__________________________________________

☐ Please email me when completed, I will pick up

☐ Please mail, fax, or scan and email letter directly to:

___________________________________________________________________________
___________________________________________________________________________