

MHS GME Attestation Form Medical, Nurse Practitioner, Nurse Midwifery, and Physician Assistant Students

Important information to School and Student:

- All requirements to be received by GME office thirty (30) days prior to student's start date
- Submit requirements in one email to Kandreas@multicare.org
- Address your email subject line in this format:
student's name/school/MHS location & preceptor/start & end date

Submit the following to the GME office 30 days prior to student's start date:

- MHS HIPAA confidentiality form
- MHS Intake form – completely fill out sections:
 - Type GME learner
 - Has this Individual Ever
 - User Information
 - Program Information
 - Sign Page two and three
- Jpeg picture of student – professional looking, not a selfie
- 5 panel drug screen only if not kept on file with school
- Washington State Patrol WATCH background check from <https://fortress.wa.gov/wsp/watch/>
- Flu Vaccination – required during October 1 to April 30
- MHS Attestation form (this form)

I, _____ (name of school contact), from _____
(school), attest that the following items are on file for _____ (student
name) and will be available upon request by MultiCare Health System GME office.

Date _____

- A current certificate of insurance for the school
- Letter of good standing
- 5 panel drug screen
- National Criminal Background Screen (previous 7 years)
- Establish Immunity for:
 - Measles, Mumps, Rubella
 - Varicella (chicken pox) (MHS does not accept by history)
 - Hepatitis B (titer or signed waiver)
 - Pertussis (TDaP vaccination)
 - PPD testing for the past two years, or a two-step, or a Quantiferon test