

**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
- Washington State Patrol WATCH background check from <https://watch.wsp.wa.gov/WATCH/Account/Register>
- Flu Vaccination – required during October 1 to April 30
- Double COVID Vaccination
- 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
- 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)
 - Baseline PPD testing