



University of
Massachusetts
UMASS Medical School

University of Massachusetts Medical School
Department of Student Affairs
55 Lake Avenue North, Room S1-135
Worcester, MA 01655-0002 USA
508.856.2285 (office)
Sonia.Chimienti@umassmed.edu (email)

Sonia Nagy Chimienti, MD
Associate Dean for Student Affairs
Clinical Associate Professor of Medicine

September 11, 2015

The Office of Student Affairs at the University of Massachusetts Medical School certifies that all students in the School of Medicine Class of 2018 have completed Massachusetts Criminal Offender Record Investigation (CORI) and a Certiphi Screening, Inc. (a Vertical Screen® Company) national criminal background check conducted through the AAMC/AMCAS at the time of medical school acceptance. The results, for each student, have been reviewed and have been found acceptable according to University policy. The Massachusetts CORI covers the state of Massachusetts and the Certiphi screening check covers all other states.

All students in the School of Medicine Class of 2018 are U.S. citizens and fulfill the SOM's Massachusetts residency requirement. All SOM students are required to fulfill both OSHA and HIPAA training requirements yearly and will not be allowed to participate in the clerkship if compliance has not been met by 2 weeks before the start of the clerkship.

Vaccination requirements for new students:

- **Physical examination:** Within the past year dated and signed by your provider.
- **MMR (Measles, Mumps, Rubella):** MMR vaccine dates (2 doses) or positive titers.
- **Hepatitis B:** Dates of immunizations (3 doses) and Hepatitis B surface antibody titer (HBsAb).
- **Varicella (Chicken pox):** Dates of Immunization (2 doses) or positive Varicella titer.
- **Tetanus Diphtheria Pertussis:** A one-time Tdap is required.
- **2-Step Tuberculosis Skin Test (TST):** 2-step TST or Quantiferon Gold serology or T-Spot is required within 3 months before the start of school.

Annual Requirements for Existing Students:

- Annual TST
- If history of positive TST, must complete Annual Review of TB symptoms form and submit to Student Health.

Each School of Medicine student is covered by the Commonwealth Professional Assurance Company for liability/malpractice insurance as follows:

Each medical incident \$5,000,000

Professional combined annual aggregate \$ 10,000,000

Sincerely,

Sonia Nagy Chimienti, MD
Associate Dean for Student Affairs
Clinical Associate Professor of Medicine



Graduate School of Nursing
University of Massachusetts Worcester
55 Lake Avenue North
Worcester, MA 01655
508.856.5801 (office) 508.856.6552 (fax)

To: UMMS Population Health Clerkship Team Leaders:
From: Julie Hehir, MS, RN, Contract Administrator
Subject: Student Verification
Date: September 14, 2015

All graduate nursing students are required to be US citizens as a pre-condition for acceptance into the school. As part of the admission process, all students are required to complete OSHA and HIPAA training. The students are also required to have a CORI (Criminal Offender Record Information) completed.

Liability insurance is provided by Commonwealth Professional Assurance Company, LTD, Policy number HL.10110. A copy of the Advice of Insurance is attached.

Health insurance and health clearance (including ppd and immunization status), is kept on file at our school.

Thank-you for providing clinical learning opportunities for our students.

Advice of Insurance

COMMONWEALTH PROFESSIONAL ASSURANCE COMPANY, LTD.
P.O. Box 1159
Caribbean Plaza, North Building, 2nd Floor, 878 West Bay Road,
Grand Cayman, KY1-1102, Cayman Islands

Coverage provided as respects the Insured named herein applies only while such Insured is acting within the scope of his or her professional responsibilities for the Named Insured (UMass Memorial Health Care, Inc.).

EFFECTIVE DATE: 10/1/2015

POLICY NUMBER: Professional and Commercial General Liability HL10115

INSURANCE CARRIER: Commonwealth Professional Assurance Company, Ltd.

POLICY PERIOD: October 1, 2015 to October 1, 2016

LIMITS OF LIABILITY:

Professional Liability (Part 1)
\$5,000,000 Each Medical Event
\$10,000,000 Annual Aggregate

Commercial General Liability (Part 2)
\$3,000,000 Each Event

This confirmation form is not an insurance policy. Complete terms and conditions of coverage are set forth in policy number HL10115, a copy of which may be obtained by contacting the Named Insured.



Date: 9/3/2015

Authorized by: _____