



# Cooper Medical School of Rowan University

## Visiting Student Attestation Form

I have read the Infectious and Environmental Hazards, Needlesticks and Bloodborne Pathogens Exposure Policy for the Cooper Medical School of Rowan University and my signature below attests to the fact that I understand and am aware of the policy.

\_\_\_\_\_  
(Signature)                      (Print Name)                      (date)

I have read the Visiting Student Information Letter for the Cooper Medical School of Rowan University and my signature below attests to the fact that I am aware of the information noted in the letter.

\_\_\_\_\_  
(Signature)                      (Print Name)                      (date)

I have read the Technical Standards Policy for the Cooper Medical School of Rowan University and my signature below attests to the fact that I meet the standards noted in the policy.

\_\_\_\_\_  
(Signature)                      (Print Name)                      (date)

I have read the Professional Appearance Policy for the Cooper Medical School of Rowan University and my signature below attests to the fact that I meet the requirements noted for Phase II of the policy.

\_\_\_\_\_  
(Signature)                      (Print Name)                      (date)

I have read the Student Mistreatment Policy for the Cooper Medical School of Rowan University and my signature below attests to the fact that I understand and am aware of the policy.

\_\_\_\_\_  
(Signature)                      (Print Name)                      (date)

I have read the Policy and Procedure for Reporting Mistreatment for the Cooper Medical School of Rowan University and my signature below attests to the fact and I understand and am aware of the policy and procedures for reporting mistreatment.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(date)

Original signature required on this document  
Please upload to VSAS:  
Documents/Supplemental Documents