

VSAS Student Certification Statements

*These statements are displayed in the VSAS software as students complete their VSAS Profile. To submit applications through VSAS, they must reenter their AAMC password and click **Certify**.*

In order to submit applications through the AAMC's Visiting Student Application Service (VSAS), you must certify the statements below. Certification occurs when you re-enter your AAMC password below. **It serves the same purpose as a legal signature and is binding.** ,

- I certify that the information contained within my VSAS application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for an away elective, or if scheduled for an elective, may constitute cause for removal from that elective without notice. Should there be accusations of false or missing information, I will be accorded due process rights as established by my Home School (the medical school from which I will receive my degree). If such misrepresentations are proven, at a minimum the result will be expulsion from VSAS.
- I understand that I am responsible for knowing and understanding the visiting student requirements for each school to which I am applying, and that I am not eligible for a refund of VSAS fees if I do not meet the visiting student requirements of the host medical schools.
- I understand that I am responsible for monitoring the progress of each submitted application and I will respond to elective offers, and resolve scheduling conflicts, within the time allotted by the Host Schools.
- I authorize release of my medical school transcript by my Home School to each Host School to which I apply through VSAS, specifically for the purpose of an application for a visiting student elective.
- I authorize my Home School to withdraw my applications in case of academic or other circumstances which preclude me from completing an away elective. I understand that my Home School will notify me should my applications be withdrawn.
- I authorize the AAMC's VSAS staff to review my application information and use it for reporting purposes.
- I release my application data to my home school, the AAMC and the host schools to which I apply for the purposes of obtaining a visiting student elective.
- I authorize release of the last four digits of my social security number, date of birth and gender code to each host school from which I've accepted a visiting student elective offer.
- I authorize my Home School to release health records requested by each Host School specifically for the purpose of an application for a visiting student elective. These records may include, but are not limited to, immunizations, laboratory tests, consultations, or the entire record.
- I understand that my data may be used by AAMC for the purposes outlined in the [AAMC data privacy policy](#).

Please re-enter your AAMC password: _____
