

VSAS Student Certification Statements

*These statements are displayed in the VSAS software as you complete your VSAS Profile. To submit applications through VSAS, you must check the box and click **Certify**.*

In order to submit applications through the Visiting Student Application Service (VSAS), you must certify the statements below. **Your certification of these statements serves the same purpose as a legal signature and is binding, therefore, checking the box below is the same as signing the application.**

- 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. Such misrepresentations, once proven, will also result in 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 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, in a timely manner.
- I authorize release of my medical school transcript by my Home School (the medical school from which I will receive my degree) 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 authorize 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 understand that my data may be used by AAMC for the purposes outlined in the [AAMC data privacy policy](#).

I certify the above statements.
