



Attestation and Request Form for Prospective Resident Observation

I, _____, (*Clinic Dean/Administrator*) certify that, _____, (*Student/Resident*) has met the following standards, and is compliant and eligible to visit The Ohio State University College of Dentistry Division of _____ from _____ to _____ (*date of visit - limited to 5 consecutive days*).

The student/resident has completed the following training requirements:

- Health Insurance Portability and Accountability Act (HIPAA)
- Occupational Safety and Health Administration (OSHA)
- Basic Life Support (BLS)

**Completion of these courses can be accepted from the student/resident’s current CODA accredited dental school. (HIPAA and OSHA courses must have been completed within the past 12 months and must meet all federal, state and local regulations. BLS certification must be valid and meet AHA Basic Life Support Guidelines).*

By signing this document, I attest that the aforementioned student/resident has completed all of the requirements listed above and is currently enrolled and is in good standing (academic and disciplinary) at _____ (*Dental School*).

Signature (Dean, Assistant or Associate Dean)

Date

Print Name

For any questions please contact: Stephanie Walker, Senior Clinical Health & Safety Officer, walker.2561@osu.edu | (614) 292.9536