# Declaration by Dean of University

## Form 1b

**Declaration by the Dean of Medicine (or his/her designate) of the Student's university**

I certify that_____is a registered student at _____ in a year program leading to a Medicine degree. At the time of the proposed clinical elective, the Student will be in the_____year of academic study. He/she is expected to graduate in_____.

I have prepared a letter verifying that this Student is of good standing, including an assessment of the student's academic and clinical abilities, and an outline of his/her training while in medical school. The letter will accompany the application. I have explained personal medical indemnity insurance to the Student, and recommended that he/she has personal medical indemnity insurance coverage.