

## Letter of Good Standing Request for COM Clinical Education Office of the Registrar

### INSTRUCTIONS:

Complete, sign, date, and submit this form to the Office of the Registrar at [registrar@chsu.edu](mailto:registrar@chsu.edu).  
Please allow 3-5 business days for your request to be processed.

### REQUESTED BY:

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
(Enter your full name)

CHSU Email: \_\_\_\_\_ COM Class of: \_\_\_\_\_

### PURPOSE OF LETTER (please check only 1):

- ☐ VSLO Application (General Letter of Good Standing will be uploaded to VSLO automatically)  
-OR-  
☐ Other - Organization/contact name and email or postal mailing address where the letter will be sent:

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### ADDITIONAL INSTRUCTIONS

A standard letter of good standing for Clinical Education purposes includes the following information:

- That you are currently enrolled at CHSU College of Osteopathic Medicine in good academic standing
- Whether you have been subject to any disciplinary action during your time of enrollment
- Anticipated Graduation Date
- Confirmation that the following certificates/screenings are on file (*specific dates not included unless requested under additional information below*):
  - Basic Life Support CPR and AED
  - Blood-borne Pathogen and Needle Stick Prevention
  - Health Insurance Portability and Accountability Act (HIPPA)
  - 12-Panel Urine Drug Screen
  - Criminal Background Check with no adverse finding

If you require any additional information to be included in your letter, please list that here:

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Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_