



UNIVERSITY OF  
**SOUTH DAKOTA**  
SANFORD SCHOOL OF MEDICINE

Students applying to The University of South Dakota Sanford School of Medicine (USD SSOM) Extern Program are required to pass a background check which includes the following criteria.

**Pass/Fail Criteria for Criminal Background Investigation**

These criteria are based on convictions and not arrest records. A "conviction" means a verdict, a guilty plea or a Nolo Contendere ("No Contest") plea. A student will be considered to have "passed" the criminal background investigation if he/she meets all of the criteria listed below:

- A. No convictions (felony or misdemeanor) for drug use or distribution.
- B. No convictions (misdemeanor or felony) for serious or violent crimes, including but not limited to homicide or sexual assault.
- C. No convictions (felony) for nonviolent offenses.
- D. No convictions (misdemeanor or felony) related to moral turpitude, that indicate a potential threat to patient safety/patient care.
- E. Not a registered sex offender.

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Student Name (please print): \_\_\_\_\_  
Medical/Osteopathic School Currently Attending  
(please print): \_\_\_\_\_

Please check all that apply for your student who is applying to our fourth year extern program.

- \_\_\_\_\_ 1. This is to certify that the (school name) \_\_\_\_\_ completed a background check on the above named student and that the background check included, but was not limited to the 3 step criteria listed above.
- \_\_\_\_\_ 2. This is to certify that the above named student (passed\_\_\_\_\_) (failed\_\_\_\_\_) the home school background check which included the 3 step criteria listed above.
- \_\_\_\_\_ 3. The (school name) \_\_\_\_\_ has not completed a background check on the above named student which included the 3 step criteria above.

Name of person completing form (please print): \_\_\_\_\_

Title of person completing form (please print): \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

Contact phone number for person completing form: \_\_\_\_\_

E-mail address for person completing form: \_\_\_\_\_

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