Please complete the following questionnaire and mail it to: Tufts University School of Medicine, Office of Student Affairs, 145 Harrison Avenue, Boston, MA 02111, fax to 617-636-0432 or email to med-osa@tufts.edu

Please return the form by Friday, August 1st

Name:

(First) (Last)

As you would like it announced at our White Coat Ceremony:

Please note that Middle Names will not be announced at the ceremony.

(First) (Last)

Optional - Phonetic spelling of announce name (please note in capital letters what syllable the accent is on):

(First) (Last)

☐ I will participate in Basic Life Support (BLS) Training during Orientation. Tufts BLS Certification is valid for 2 years. Medical Students will be recertified by Tufts prior to their Third-year clinical clerkships.

☐ I am certified in Basic Life Support (BLS) Training and wish to be exempt from Tufts BLS training. YOU MUST SUBMIT A COPY OF YOUR VALID BLS CARD

Please note that you will be responsible for completing your own BLS recertification program if your certification expires prior to the beginning of Third-year.
The Office of Student Affairs (OSA) would like to get to know you better. Please take a minute to answer the following questions. Thank you.

NAME:

1. Are you entering medical school directly out of college? If not, what have you done in the interim?

2. Do you have any special talents/interests?

3. Tell us one thing about yourself that separates you from the crowd.

4. Is there anything else you would like to share?

PLEASE RETURN THIS FORM AND A COPY OF YOUR BLS CARD [IF APPROPRIATE] TO:

email: med-osu@tufts.edu, fax: 617-636-0432 or mail to:

TUFTS UNIVERSITY SCHOOL OF MEDICINE
OFFICE OF STUDENT AFFAIRS
145 HARRISON AVENUE
BOSTON, MA 02111