

EMERGENCY LEAVE OF ABSENCE POLICY AND PAPERWORK **~UMKC SCHOOL OF MEDICINE, COUNCIL ON EVALUATION~**

A leave of absence is an approved and defined period of time during which a student is not participating in the requirements of his/her program. A student might request a leave due to an emergency, because of medical or psychiatric illness or in order to participate in scholarly research or educational programs. The school might also place a student on leave in accordance with specific academic policies. Any leave will have academic and/or financial repercussions, and should therefore not be undertaken without considerable thought, planning and communication with school and university staff and advisors.

The School of Medicine allows for the following types of leave:

- Personal
- Medical
- Emergency
- Administrative

Any student who takes twelve or more consecutive months of leave, regardless of type, must undergo a status review prior to returning to the program. The status review allows the Councils on Evaluation and Curriculum to make appropriate curricular and/or remediation recommendations guiding the student's return to the School of Medicine.

Emergency Leave

An emergency leave of absence is defined as a period of time during which a student is medically unable to fully participate in the program as required by the School of Medicine Technical Standards as the result of an emergent or potentially life-threatening medical or psychiatric illness. Emergency Leave is determined by the Associate Dean for Student Affairs, working in conjunction with the Council on Evaluation.

A student seeking emergency leave must, when able, follow the procedure outlined in this policy. School of Medicine staff will assist in the completion of any required paperwork for Emergency Leave in the event a student is unable to participate in the process. Any student failing to fully participate in the program without a documented leave risks meeting criteria for separation.

Any student seeking emergency leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system *when able*. Emergency leave should coincide with the start of the acute illness and is granted for a period not to exceed 30 days. Emergency leave is counted as an entire month away from the program. A student may not request an extension of emergency leave but can, if necessary, request medical leave by submitting all required forms and supporting documentation for Medical Leave to the Council on Evaluation. Retroactive requests for emergency leave are not permitted. Enrollment in any coursework, at any institution, while on emergency leave is strictly prohibited. Students on emergency leave are also ineligible to take any National Board of Medical Examiners (NBME) exam, including all subject, board examinations and readiness assessment (i.e. CBSE, PBA) examinations.

A student must return from emergency leave when a treating physician or therapist who is not a family member or relative of the student certifies that the student is ready to fully participate in the program as required by the School of Medicine Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from emergency leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

Conditions for an Emergency Leave of Absence

An emergency leave of absence may be granted when a student or immediate family member has an emergent or life-threatening medical condition, including psychiatric illness, which prohibits the student's full participation in the program as defined by the School of Medicine Technical Standards.

It is inappropriate to seek emergency leave for any of the following reasons:

- The medical condition or psychiatric illness is not life-threatening or incapacitating in nature
- The request is made in an attempt to avoid receiving undesirable grades in one or more courses
- The request is made in an attempt to gain additional time to prepare for coursework or examinations
- The request is made in an attempt to avoid meeting criteria for separation

Procedure for Obtaining Emergency Leave

1. The student, if able, completes the SOM Request for Emergency Leave of Absence form and submits it to the Associate Dean for Student Affairs. The Associate Dean will render a decision regarding the request and forward it on to the Council on Evaluation.
2. The student, if physically able, completes the SOM Technical Standards document and campus UMKC Request for Leave of Absence form and obtains all necessary Step 2 signatures.
3. The student submits the completed UMKC Request for Leave of Absence form and SOM Technical Standards document to the Council on Evaluation office no later than 48 hours following the submission of the SOM Request for Emergency Leave of Absence form.

4. Once the SOM Request for Emergency Leave of Absence, the SOM Technical Standards document and the UMKC Request for Leave of Absence forms are submitted to the Council on Evaluation, the Council staff will review the paperwork for completeness and note the decision of the Associate Dean for Student Affairs.
5. If the request for emergency leave is approved by the Associate Dean, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student. The student, if physically able, must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.
6. If the request for emergency leave is denied by the Associate Dean, Council on Evaluation staff will notify the student and/or request any additional information necessary.
7. During emergency leave, students who are physically able must monitor his/her UMKC email address and keep in contact with his/her ETC.

Procedure for Returning from Emergency Leave

1. To prepare for returning from an emergency medical leave, the student must complete the top of the SOM Provider Certification for Return from Emergency Medical Leave of Absence form and submit it to the treating physician/therapist who treated the student during the leave, along with the SOM Technical Standards document. The student must also complete the forms listed below. Students granted emergency leave for non-medical reasons need to complete steps 2 – 7 below *only*.
 2. The student completes the SOM Technical Standards document and SOM Request for Return from Emergency Leave form and obtains the ETC, Docent and Council on Curriculum signatures.
 3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary Step 2 signatures.
 4. The student submits the completed SOM Request for Return from Emergency Leave, SOM Technical Standards and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 7 days prior to the anticipated return from leave.
 5. Once the SOM Provider Certification for Return from Emergency Leave of Absence form (where applicable) and all other non-medical emergency leave return forms are submitted to the Council on Evaluation, the Council Chair will review the paperwork and render a decision upon the request.
 6. If the request for return from emergency leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.
 7. If the request for return from emergency leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. *No student is permitted to return to the program or coursework without permission from the school.*
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Helpful information for completing the Emergency Leave paperwork on the following pages:

- ✓ This packet of information contains both policy information and all required forms for emergency leave.
- ✓ It takes three forms to go on emergency leave, and a minimum of three forms to return from emergency leave.
 - To request leave, you must submit (if able):
 - SOM Request for Emergency Leave
 - SOM Technical Standards
 - UMKC Request for Leave
 - To return from leave, you must submit:
 - SOM Request for Return from Emergency Leave
 - SOM Technical Standards
 - UMKC Request for Leave Return
 - If the emergency leave was for medical purposes, the SOM Provider Certification for Return from Medical Leave (both this form and the SOM Technical Standards form should be submitted by your care provider directly to the Council on Evaluation as indicated on the Provider Certification form)
- ✓ You are not prohibited from submitting any additional documentation you feel necessary to support a request for leave.
- ✓ Remember to stay in close contact with your ETC and Docent while on leave.

REQUEST FOR EMERGENCY LEAVE OF ABSENCE
~UMKC SCHOOL OF MEDICINE~

Student Name: _____ **Student ID:** _____
Year/Level: _____ **Unit:** _____

Required contact information (where you can be reached while on leave):

Address _____ Phone Number _____
_____ Cell Phone Number _____
_____ E-mail Address _____

Leave begin date requested: _____

Reason for leave of absence (please explain in detail and/or attach a written statement or supplemental documentation):

*My signature below confirms my request for emergency leave of absence from the UMKC School of Medicine. I understand that my request will not be considered for approval until I complete and attach the additional university request for leave form **and** until all required leave forms and paperwork is received by the Council on Evaluation in the School of Medicine. I also understand that any leave granted to me may have financial implications and/or delay my graduation from the program, and that it is my responsibility to review those possible financial implications with the UMKC Cashier's and/or Financial Aid Office(s) prior to submitting this request. Finally, I acknowledge that it is also my responsibility to work with my ETC to update and correct my course enrollment in the Pathway system should the school approve my request for leave of absence.*

Student Signature: _____ **Date:** _____

Executive Approval for Emergency Leave of Absence: Only the Associate Dean for Student Affairs can approve an emergency leave of absence to cover an emergency-related absence starting before the Chair for the Council on Evaluation reviews a request for leave. Emergency leaves are granted for a period not to exceed 30 days. The Associate Dean's signature below indicates approval of emergency leave, and details in the comments if the leave is for medical purposes.

Signature of the Associate Dean for Student Affairs: _____ Date: _____

Comments: _____

*****Administrative Use Only*****

Attached Docs: _____ Campus Form _____ Curriculum Plan _____ Supplemental Info _____

Date Received: _____ Date of Campus Submission: _____ New Est. Grad Date: _____ Months Extended: _____

COE Notes: _____

Signature of the Chair or Authorized Designee: _____ Date: _____

TECHNICAL STANDARDS
~UMKC SCHOOL OF MEDICINE~

Student Name: _____
Year/Level: _____ **Unit:** _____

Student ID: _____

The University of Missouri-Kansas City School of Medicine Technical Standards can be found online by visiting:
http://med.umkc.edu/docs/admissions/Technical_Standards.pdf

From the policy:

Because of our obligation to ensure that patients receive the best medical care possible, certain abilities are required of our students. All students of medicine must possess those intellectual, emotional, mental, and physical capabilities which are necessary to participate fully in the curriculum and which are essential to achieve the levels of competence required by the faculty.

Candidates for the medical degree must demonstrate the ability to work as an effective member of the health care team and must be able to observe and perform a variety of procedures. Intact sensory and motor functioning is required for accurate observation and the competent performance of procedures. Candidates must be able to observe and evaluate a patient accurately, at a distance, and close at hand. This necessitates the functional use of the senses of vision, hearing, touch, and sometimes smell. A candidate must be able to communicate effectively, to hear and to observe patients in order to elicit information, to describe changes in mood, activity and posture, and to perceive nonverbal communications. The candidate must be able to communicate effectively in oral and written form. Candidates must have sufficient sensory and motor function to elicit information from the physical examination by palpation, auscultation, percussion and other diagnostic maneuvers, in a timely manner.

Problem solving is a critical cognitive skill demanded of physicians, and it requires the intellectual abilities of measurement, calculation, reasoning, analysis and synthesis. In addition to these skills, a candidate must possess the high moral and ethical standards demanded of physicians and the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of the patients, and the development of mature, sensitive and effective relationships with patients.

Because of the above essential functions, the School of Medicine strongly discourages the use of surrogates to perform these functions as a reasonable accommodation for persons with disabilities. While each application is reviewed individually, it is necessary that each degree candidate himself or herself be able to observe and perform each task required by the curriculum of the school. Similarly, the school does not consider the waiver of required examinations a reasonable accommodation for individuals with learning disabilities. Learning-disabled students, when appropriate,* may be granted additional time on required examinations and may be examined in separate testing facilities or accommodated in other reasonable ways, but they will not be exempted from the requirement to take and pass such examinations. In addition, they will not be provided more opportunities to complete coursework or required examinations than given to the other students. All students must adhere to the course or clerkship syllabus and all of its requirements.

**Contact the UMKC Office of Services for Students with Disabilities for information regarding definition and documentation of learning disabilities.*

Check the single statement below which applies on the date the form is signed and going forward:

_____ I am able to adhere to the Technical Standards stated above at this time, but seek approval for leave from the School of Medicine.

_____ I am **unable** to adhere to the Technical Standards stated above at this time, and seek approval for leave from the School of Medicine.

_____ I am able to fully comply with the Technical Standards stated above and seek approval to return from leave to the School of Medicine.

Student Signature: _____

Date: _____



UNIVERSITY OF MISSOURI-KANSAS CITY

Request for Leave of Absence

OFFICE OF REGISTRATION & RECORDS

Please refer to the leave of absence policy in the UMKC Catalog for further information regarding this process.

Eligibility requirements for requesting a leave of absence:

1. Be a degree seeking student
2. Be registered and enrolled in classes for the current term
3. Be eligible to enroll and be in academic good standing, on probation, or on continuing probation with your academic unit
4. Have submitted all outstanding high school or transfer transcripts if conditional admission was granted for the student to enroll for the previous semester
5. Provide a personal statement and official documentation for why a leave of absence is being requested

Fee refund schedule – Students who request a leave of absence in the middle of a term are subject to the established fee refund schedule. Students who wish to petition for an [exception to the refund policy](#) will need to attach the form to their leave of absence request. Students should follow the normal procedures for withdrawing from classes.

Deadline for requesting a leave of absence – No later than the fourth week of the first semester of non-attendance

Leave of absence duration – A leave of absence will be granted for a maximum of two semesters (e.g. Fall and Spring or Summer and Fall). A student can request an extension for his or her leave of absence; however, the request for an extension cannot extend more than one year beyond the original date requested. Students who do not return by the date noted on their approved leave of absence form and who are not granted an approved extension will be required to reapply for admission to UMKC through the Office of Admissions.

STEP 1: Student information

Name _____ Date submitted _____

Student ID number _____

Attach your personal statement and documentation of why you are requesting a leave of absence to this form.

Requested leave of absence duration (maximum of 2 semesters)

From: Term _____ Year _____ To: Term _____ Year _____

Student level

- Undergraduate
 Graduate: iPhD Other _____ *See your graduate program handbook for specific guidelines.*
 Professional: Dentistry, Law, Medicine, Pharmacy

Academic unit (Undergraduate and Graduate)

- College of Arts & Sciences
 Conservatory of Music & Dance
 School of Biological Sciences
 Bloch School of Business and Public Administration
 School of Computing and Engineering
 School of Education

The following academic units have specific policies and procedures for student leaves of absence. Please refer to your program handbook.

- School of Graduate Studies
 School of Nursing

Academic unit (Professional)

The following academic units have specific policies and procedures for student leaves of absence. Please refer to your program handbook.

- School of Dentistry
 School of Law
 School of Pharmacy
 School of Medicine

STEP 2: Meet with the appropriate offices listed below as applicable to your situation.

Are you an International Student with an F1 or J1 visa? Yes No

If yes, then meet with the International Student Affairs Advising office.

International Student

Affairs advising signature _____

Date _____

Are you receiving financial aid or scholarships? Yes No

If yes, then meet with a coordinator in the Financial Aid & Scholarships Office.

Financial Aid & Scholarships

Office signature _____

Date _____

Are you a veteran receiving veterans' educational benefits? Yes No

If yes, then meet with the veterans' service coordinator in the Registration & Records Office.

Veterans' services

coordinator signature _____

Date _____

Do you have a balance due on your student account? Yes No

If yes, then meet with the Cashier's Office to review your account and set up a payment plan.

Cashier's

Office signature _____

Date _____

You may also consider meeting with the following offices to discuss issues related to the services that they provide.

- Residential Life
- Campus Dining
- Parking
- Campus Health & Counseling Services

STEP 3: Academic unit approval and required signatures

Student signature _____

Date _____

Academic unit

representative signature _____

Date _____

STEP 4: Withdraw from classes for approved terms

If you are enrolled in the current term, and want your leave of absence to begin immediately, please follow the appropriate procedures to drop or withdraw from all of your classes. Students who request a leave of absence in the middle of a term are subject to the established withdrawal deadlines. Also, update your mailing address and contact information in Pathway if necessary.

STEP 5: Submission of approved form by the academic unit

This form and related paperwork will be submitted to the Registration & Records Office by the approving advisor or body in the academic unit.

For students in the School of Medicine, please also attach the completed change of status form.

APPEAL: If a student is denied a leave of absence, an appeal can be made per the policy in the UMKC Catalog. Please refer to www.umkc.edu/catalog/Policies_and_Procedures.html.

Registration & Records Office use only

Approved Denied: reason for denial _____

Length of leave approved (maximum of 2 semesters) _____

Term in which student is expected to return _____

Processed by _____ Date _____

- Notify student of approval or denial.
- Process leave request and note expected return date in Pathway; set student to detached status in Pathway for the length of the leave of absence.

- Notify academic unit of student's approved leave of absence and expected return date.
- Scan form and documentation into the K REC SECURE drawer in ImageNow.

REQUEST FOR RETURN FROM EMERGENCY LEAVE OF ABSENCE
~UMKC SCHOOL OF MEDICINE~

Student Name: _____ **Student ID:** _____
Year/Level: _____ **Unit:** _____

Important Information:

- Registration for coursework and/or attendance on the first day of classes is not permitted without full approval of this form.
- Students must enroll in an in-town classroom course or elective/rotation in the first month of re-entry.

Required Documentation and Attachments:

- A current curriculum plan as determined by the Council on Curriculum
- A completed UMKC 'Request for Leave – Return' form
- A completed Provider Certification for Return from Medical Leave form (emergency medical leave returns, only)

Return date requested: _____

*My signature below confirms my request to return from emergency leave of absence from the UMKC School of Medicine. I understand that my request will not be considered for approval until I complete and attach the additional university request for leave return form **and** until all required leave return forms and paperwork (including the Provider Certification for Return from Medical Leave form if necessary) is received by the Council on Evaluation in the School of Medicine. I also understand that any leave granted to me may have financial implications and/or delay my graduation from the program, and that it is my responsibility to review those possible financial implications with the UMKC Cashier's and/or Financial Aid Office(s) prior to submitting this request to return. Finally, I acknowledge that it is also my responsibility to work with my ETC to update and correct my course enrollment in the Pathway system should the school approve my request to return from leave of absence.*

Student Signature: _____ **Date:** _____

Education Team Coordinator Signature: _____ **Date:** _____

Identify all Pathway changes to be made as a result of the leave*: _____

**Please attach a curriculum plan indicating possible changes in the student schedule as a result of the leave.*

Docent Signature: _____ **Date:** _____

Comments: _____

Council on Curriculum Signature: _____ **Date:** _____

Comments: _____

*****Administrative Use Only*****

Attached Docs: _____ Campus Form _____ Curriculum Plan _____ Provider Cert

Date Received: _____ Date of Campus Submission: _____ New Est. Grad Date: _____ Months Extended: _____

Council on Evaluation Review of Request: _____ Approved _____ Denied

Comments: _____

Signature of the Chair or Authorized Designee: _____ Date: _____

TECHNICAL STANDARDS
~UMKC SCHOOL OF MEDICINE~

Student Name: _____
Year/Level: _____ **Unit:** _____

Student ID: _____

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Candidates for the medical degree must demonstrate the ability to work as an effective member of the health care team and must be able to observe and perform a variety of procedures. Intact sensory and motor functioning is required for accurate observation and the competent performance of procedures. Candidates must be able to observe and evaluate a patient accurately, at a distance, and close at hand. This necessitates the functional use of the senses of vision, hearing, touch, and sometimes smell. A candidate must be able to communicate effectively, to hear and to observe patients in order to elicit information, to describe changes in mood, activity and posture, and to perceive nonverbal communications. The candidate must be able to communicate effectively in oral and written form. Candidates must have sufficient sensory and motor function to elicit information from the physical examination by palpation, auscultation, percussion and other diagnostic maneuvers, in a timely manner.

Problem solving is a critical cognitive skill demanded of physicians, and it requires the intellectual abilities of measurement, calculation, reasoning, analysis and synthesis. In addition to these skills, a candidate must possess the high moral and ethical standards demanded of physicians and the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of the patients, and the development of mature, sensitive and effective relationships with patients.

Because of the above essential functions, the School of Medicine strongly discourages the use of surrogates to perform these functions as a reasonable accommodation for persons with disabilities. While each application is reviewed individually, it is necessary that each degree candidate himself or herself be able to observe and perform each task required by the curriculum of the school. Similarly, the school does not consider the waiver of required examinations a reasonable accommodation for individuals with learning disabilities. Learning-disabled students, when appropriate,* may be granted additional time on required examinations and may be examined in separate testing facilities or accommodated in other reasonable ways, but they will not be exempted from the requirement to take and pass such examinations. In addition, they will not be provided more opportunities to complete coursework or required examinations than given to the other students. All students must adhere to the course or clerkship syllabus and all of its requirements.

**Contact the UMKC Office of Services for Students with Disabilities for information regarding definition and documentation of learning disabilities.*

Check the single statement below which applies on the date the form is signed and going forward:

_____ I am able to adhere to the Technical Standards stated above at this time, but seek approval for leave from the School of Medicine.

_____ I am **unable** to adhere to the Technical Standards stated above at this time, and seek approval for leave from the School of Medicine.

_____ I am able to fully comply with the Technical Standards stated above and seek approval to return from leave to the School of Medicine.

Student Signature: _____ Date: _____



UNIVERSITY OF MISSOURI-KANSAS CITY

Return from Leave of Absence

OFFICE OF REGISTRATION & RECORDS

Please refer to the leave of absence policy in the UMKC Catalog for further information regarding this process.

Eligibility requirements for requesting a return from a leave of absence:

1. Be physically, mentally and emotionally ready to return to school.
2. Be eligible to register for the term in which you plan to return (no financial, academic or disciplinary holds).
3. Meet all financial aid requirements as outlined by the Financial Aid & Scholarships Office for the academic year in which you plan to return.

Deadline for requesting a return from leave of absence

No later than 30 days prior to the first class date of the semester in which the student plans to enroll.

STEP 1: Student information

Name _____ Date submitted _____

Student ID number _____

Student level

- Undergraduate
 Graduate: IPhD Other _____ See your graduate program handbook for specific guidelines.
 Professional: Dentistry, Law, Medicine, Pharmacy

Academic unit (Undergraduate and Graduate)

- College of Arts & Sciences
 Conservatory of Music & Dance
 School of Biological Sciences
 Bloch School of Business and Public Administration
 School of Computing and Engineering
 School of Education

The following academic units have specific policies and procedures for student leaves of absence. Please refer to your program handbook.

- School of Graduate Studies
 School of Nursing

Academic unit (Professional)

The following academic units have specific policies and procedures for student leaves of absence. Please refer to your program handbook.

- School of Dentistry
 School of Law
 School of Pharmacy
 School of Medicine

Requested return from leave of absence:

- Term: Fall Year: _____
 Spring
 Summer

Continue with the signatures on the back of this page.

STEP 2: Meet with the appropriate offices listed below as applicable to your situation.

Were you receiving financial aid or scholarships at the time your leave of absence began? Yes No

If yes, then meet with a coordinator in the Financial Aid & Scholarships Office.

Financial Aid & Scholarships
Office signature _____ Date _____

Are you a veteran receiving veterans' educational benefits? Yes No

If yes, then meet with the veterans' service coordinator in the Registration & Records Office.

Veterans' services
coordinator signature _____ Date _____

Do you have a balance due on your student account or a hold preventing registration? Yes No

If yes, then meet with the Cashier's Office to review your account and registration requirements.

Cashier's
Office signature _____ Date _____

STEP 3: Required signatures

Student signature _____ Date _____

Academic unit
representative signature _____ Date _____

Are you an International Student with an F1 or J1 visa? Yes No

If yes, then meet with the International Student Affairs Advising office.

International Student
Affairs advising signature _____ Date _____

STEP 4: Submission of approved form by the academic unit

This form will be submitted to the Registration & Records Office by the approving advisor or body in the academic unit.

For students in the School of Medicine, please also attach the completed change of status form.

Office use only

Student Affairs representative

Are there other outstanding issues to be addressed by the student before a return from leave of absence can be approved?

Registration & Records Office

Approved
 Denied: reason for denial _____

Term of student return _____

Processed by _____ Date _____

- Notify student of approval or denial. Notify academic unit of student's approved return date.
 Process return request and note return date in Pathway. Scan form into the K REC SECURE drawer in ImageNow.

PROVIDER CERTIFICATION FOR RETURN FROM EMERGENCY MEDICAL LEAVE OF ABSENCE

~UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE~

Student Name: _____ Student ID: _____
Year/Level: _____ Unit: _____

My signature below authorizes my care provider to complete and submit this form and the attached Technical Standards document to the UMKC Council on Evaluation.

Student Signature: _____ Date: _____

Provider Directions: Please review the attached UMKC School of Medicine Technical Standards document and then complete this form and letter as indicated for the student/patient listed above. Completed forms (including the Technical Standards form) must be submitted to the UMKC School of Medicine's Council on Evaluation. Forms may be faxed with a coversheet to 816-235-6613 or scanned and emailed to Mrs. Christine Dockweiler at dockweilerc@umkc.edu. Please contact the Council on Evaluation at 816-235-1913 with questions.

Provider Information

Provider's Name: _____ Type of Practice/Medical Specialty: _____
Address: _____ Phone: _____
_____ Fax: _____

Medical Facts

Approximate date condition commenced: _____
Date of medical provider's most recent assessment of student/patient: _____
Will you continue to provide ongoing care for this student/patient? _____ No _____ Yes
Recommended end date of leave for this student/patient: _____

Provider Certification

By signature below, the provider certifies the following:

1. I was the treating provider for this student/patient during a medical leave of absence.
3. I am not related to this student/patient in any way.
4. I reviewed the UMKC School of Medicine Technical Standards and believe the student/patient is able to comply with them.
5. I saw and evaluated this student/patient in person and recommend a return to full participation as a student in medical school.

Provider Signature

Provider Name

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Please fax (with coversheet) or scan the completed form and Technical Standards document to Mrs. Christine Dockweiler in the UMKC School of Medicine Council on Evaluation at 816-235-6613 or dockweilerc@umkc.edu.