

Dear Physician/Health Care Provider:

State health regulations require that all applicants for school-based fieldwork (Student Teaching) provide written proof of a current health certificate form.

This candidate is applying to enroll in student teaching. This is the long-term, school-based, supervised o T J 0 T c 0 T y

Signature of Health Care Provider: _____

Please return the signed certificate to the applicant, or mail directly to:

Keira Potter, Compliance Manager
Office of Clinical Studies
Wilmington University
3282 N. DuPont Hwy.
Dover, DE 19901

Telephone: (302) 342-8608
Fax: (302) 734-1331
E-mail: keira.m.potter@wilmu.edu