American University of School of Medicine Aruba (MD Program)
Technical Standards for Admission and Enrollment
Student Acknowledgement and Certification Form

Candidate Status: ☐ Applicant ☐ Matriculated Student **Program:** MD Program

Full Legal Name: _____
Last First Middle

AUSOMA Student ID (if applicable): _____ **Academic Term/Start Date:** _____

Acknowledgement of Technical Standards
If I require any reasonable accommodations in order to perform these functions, I agree to request accommodations by promptly notifying the Director of Admissions. The Director of Admissions, in coordination with the appropriate offices will evaluate the reasonableness of accommodations before approving any requests.

If my circumstances should change related to these Technical Standards, I will promptly notify the Office of the Registrar.

I understand that reasonable accommodations are not guaranteed, may not be feasible in all educational or clinical settings, and cannot be applied retroactively. Approval of accommodations by AUSOMA does not guarantee acceptance of similar accommodations by external clinical sites, residency programs, or licensing authorities. Failure to meet the Technical Standards, with or without reasonable accommodation, may result in denial of admission, delayed progression, removal from clinical activities, or dismissal from the MD Program.

By signing below, I hereby certify that I have read and understand the Technical Standards for Admission, Enrollment, Progression and Graduation at the American University of School of Medicine Aruba (AUSOMA). Additionally, I acknowledge that I have access to the information on the Technical Standards required for admission, matriculation, progression and completion of the MD program. I further understand that these standards apply throughout my enrollment, including during preclinical and clinical training, regardless of my intended future specialty or career path.

Professional Responsibility and Ongoing Compliance
I understand that responsibility for meeting the Technical Standards rests with me. I agree to promptly notify the Office of Student Affairs or the Office of the Registrar if my ability to meet these standards changes during my enrollment. I further acknowledge that if, despite reasonable accommodation, I am unable to meet the Technical Standards or if my condition poses a direct threat to patient, peer, or personal safety, AUSOMA may take appropriate academic or administrative action in accordance with institutional policies.

Acknowledgement and Agreement
I affirm that the information provided above is accurate and complete. I understand that this acknowledgement is required for admission to, and continued enrollment in, the MD Program at American University of School of Medicine Aruba.

Student Signature

Signature: _____

Date: _____

Email: _____

For Institutional Use Only

Reviewed By: _____

Title: _____

Date: _____