UNIVERSITY OF MIAMI
LEONARD M. MILLER SCHOOL OF MEDICINE

CODE OF HONORABLE AND PROFESSIONAL CONDUCT

AFFIRMATION

The students of the University of Miami Leonard M. Miller School of Medicine, in recognition of the fact that the practice of medicine requires not only scientific knowledge and a mastery of technology but also a commitment to the highest ethical, professional and moral standards, have established the Code of Honorable and Professional Conduct as an expression of this commitment. As future physicians, we recognize that our responsibilities extend not only to ourselves and our patients, but also to the community and society as well. The Code serves to guide the behavior of every student, thus creating an atmosphere of trust and integrity.

Honest endeavor is a philosophy of life indispensable to the study and practice of medicine. In keeping with this philosophy, every student shall be honor bound to refrain from cheating or in any way attempting to gain unfair advantage in academic endeavors. Every student shall honestly undertake clinical duties and shall neither participate nor allow a colleague to participate in patient care while under the influence of any substance that impairs his or her ability to function. Every student shall be honor bound to refrain from any dishonest or fraudulent behavior. Every student shall be honor bound to report all violations of the Code, which come under his or her observation; failure to report a violation is itself considered a violation of the Code.

As a student of the University of Miami Leonard M. Miller School of Medicine, my signature demonstrates that I agree to read, understand and abide by the Code of Honorable and Professional Conduct as it appears in the UMMSM Medical Student Rights and Responsibilities Handbook. It is my responsibility to refer to the Handbook every year while enrolled at the University of Miami Leonard M. Miller School of Medicine.

__________________________  _______________________
Signature                              Date

__________________________  _______________________
Printed Name                          Class

Read, sign and send this completed form to Sheryl Morrison at smorrison@med.miami.edu

*** MD/MPH Student must complete by June 20, 2017
*** MD Students must complete by August 1, 2017