for University of Washington WWAMI Medical Education Certification



IDAHO RESIDENCY DETERMINATION WORKSHEET

C. C	35		Approved: _ Date:	 Evalua	iea: tor:	
ATETO						
STUDENT NAME:				Date:		
Last		First	Middle			
STUDENT ID NUMBER:						
Email address:				DOB:		
Term for which workshe	et submitted:	Fall, 20	☐ Spring, 20_	□	Summer, 20_	
PLEASE READ BEFORE C	OMPLETING					
DEADLINE : Qualifications for All worksheets and required docto provide required documenta I certify by my notarized signatures	cumentation must be sul tion with the worksheet	bmitted by the 10th will result in denial c	day of the semester f residency.	er in which reclas	ssification is soug	ıht. Failure
to the best of my knowledge. institutional action which may a	I understand that any	material misrepreser				
Students who wish to be consid worksheet, and submit required			e Idaho Residency L	aw and Administ	trative Rules, cor	mplete this
If additional space is required, a spouse to support this workshe become an official document or review your responses care	et. Once signed, notarize n which questions of re	ed, and received by the sidency are resolved.	ne institution, this we This document wi	orksheet and acc	companying docu	mentation
PLEASE PRINT OR TYPE						
PART I: Complete ALL o	f PART I.					
Present Address:					()	
nu	mber & street	city	state	zip	area code phon	e
Permanent Address:					()	
	mber & street	city	state	zip	area code phon	e
Citizenship: □ USA □ (
If citizenship is "other," pr Permanent Resident Ca					ur visa. Attac h	1 copy of
If citizenship is "other," an	swer the following quest	tions: Country of ci	tizenship:			
Visa type:	Alien registration nur	mber: <u>A</u> -		Other: _		
Have you received finance Idaho? ☐ Yes ☐ No						
If yes, what were the dat	es (month/day/year) and typ	pes of assistance? _	From: To	o:		
			Erom: T			

ı	lave	•	•	5	on-resident tuition assistance? Yes No
		If yes,	what were the dates (mor	nth/day/year) of assistance? From	n: To:
ŀ	lave	you been out o	of Idaho during the las	t 12 months? Yes No	If yes, give dates and reasons for your absence.
		Dates ((month/day/year)	City & State	Purpose
		From:	To:		-
		From:	To:		
		From:	To:		
		T II: Please of EAST ONE (A – J		pplicable to you and fill in the bl	lanks below the checked box(es). YOU MUST CHECK
	A.	Idaho for at le	ast 12 months prior to the	e opening day of the school term	ciled in Idaho and has maintained a bona fide domicile in a which I plan to enroll AND I receive at least 50% of my ardians must complete PART III and IV and/or V.
		Check one: □	I Parent(s) □ Legal Gua	rdian(s)	
		Name(s) of pa	rent(s)/legal guardian(s) ı	residing in Idaho:	
		Physically resid	ded in Idaho since:	month/day/year	_
		What percenta	ige of financial support do	month/day/year o you receive from your parent(s	s)/legal guardian(s)?
		Permanent A	number & street		city state zip
	В.	fide domicile in	THAN 50% of my financia	al support from parents/legal gua than education for at least 12 mo	ardians. I have continuously resided and maintained a bona on the prior to the opening day of the term at this institution.
		What percenta	ge of financial support do	you receive from your parent(s	e)/legal guardian(s)?
	C.	following high s	school graduation. Attacl		attend this institution during the term immediately ation from an Idaho high school or current ncy.
		Accredited Ida			
		Graduation dat	te:	Institution currently a	attending:
	D.	I am married to	an Idaho resident. My s	pouse is a resident of	County. Attach a copy of your nd IV and/or V if not a current student.
		_	spouse who is an Idaho re		na 17 ana, or 7 ir not a carrent stauent.
		•	•	ersity/college? □ Yes □ No	If yes, spouse's ID#:
	E.	maintained Idal	no resident status, but is now, documentation show	not currently stationed within the	who entered service as an Idaho resident and who has state of Idaho on military orders. Attach a copy of the ples: DD Form 1966 or DD Form 4), and marriage
	F.	orders. I, or my	spouse is stationed in _	County.	and currently stationed in the state of Idaho on military Attach a copy of the orders assigning you in Idaho stationed in Idaho on military orders).
	G.		, is an officer or an enliste National Guard.	ed member of the Idaho National	Guard. Attach a copy of your orders assigning you
	н.				Armed Forces after at least two years of service. Attach nember's DD 214 (Member 4 Copy). Check one:
				ouse designated the State of Idah titution within one year of the d	no as my intended domicile or indicated Idaho as my home ate of separation.
		☐ I and my sp	oouse intend to make Idah	no my(our) state of residence and	d will actively establish domicile within one calendar year.

PART II CONTINUED One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces (please have parent/legal guardian complete Part III). Check one: ☐ My parent/legal quardian is currently stationed in County. Attach a copy of orders assigning one or both parents in Idaho, and attach a copy of your dependent military ID card. ☐ My parent/legal guardian entered the service as an Idaho resident and is not currently stationed in Idaho on military orders; however, s/he has maintained Idaho resident status. Attach a copy of your parent's current military orders, military documentation that shows Idaho as the state of residence, and your dependent military ID card. Parent must complete Part III, and IV, or V of this worksheet. My parent/legal guardian is an officer or enlisted member of the Idaho National Guard. Attach a copy of the orders and your dependent military ID card. My parent/legal guardian has been separated under honorable conditions from the United States armed forces and designated Idaho as his/her home of record or intends to make Idaho his/her state of residence and actively establish domicile within one calendar year. Attach a copy of the service member's DD214 (Member 4 Copy) and your dependent military ID card. Percentage of support provided: Check one: ☐ Parent(s) ☐ Legal Guardian(s) Location where parent(s) or legal guardian(s) is presently stationed with the Armed Forces: Date of assignment: I have been away from the State of Idaho. I have not established legal residence elsewhere. I was a resident of the State of Idaho for a continuous 12-month period immediately prior to departure. Please answer the following questions (continues to next page) and complete PART III and IV and/or V for the period of residence in Idaho. 1. Give dates and reasons for absence from the State of Idaho: Dates (month/day/year) Reasons: From: To: To: From: 2. Give dates, reason(s) you qualified as a resident prior to leaving the State of Idaho: Dates (month/day/year) Reasons: From:

3. Have you been away from the state of Idaho for a period of time equaling less than 30 months?

Yes

No

From:

To:

- 4. Have you been enrolled in a postsecondary institution outside the state of Idaho? ☐ Yes ☐ No If yes, please provide a letter from the institution stating your residency classification while enrolled.
- 5. Do you certify that you have **not** established legal residence in a state other than Idaho in the time that you have been gone?

 \(\subseteq \text{ Yes} \supseteq \text{ No} \)
- ☐ **K.** I am a member of one of the following Idaho Native American Indian tribes: Coeur d'Alene, Shoshone-Paiute, Nez Perce, Shoshone-Bannock, Kootenai. **Attach a copy of your tribal membership papers.**

P/	ART III: PLEASE ANSW	ER ALL QUESTIONS. Answ	ers are to be for the person	on which residency is based.	
	I am the: $\ \square$ Student	☐ Student's spouse	☐ Student's parent	☐ Student's legal guardian	
Na	me of person completing wo	orksheet (if not student): _	Last	First	Middle
1.	Date on which you arrived	in Idaho to establish a bon	a fide domicile:	month/day/year	
2.	List your purposes for being	ng in Idaho:			
3.			tage of financial support do	you provide the student?	
4.	this section and attach	a copy (front and back)		ted States?	
	Legal Permanent/Tem	porary Resident:		Refugee Status:	
	Visa Status:			Type of Visa:	
1.	student proposes to enroll		Yes D No If yes, provid	lve (12) months before the term in e the following information ar	
		e Filed (month/day/year)		ddress given on tax form	
2.	List your employment		nt in Idaho? Yes No Attach documentation	from your employer(s) stating	g the average
	Dates (month/ye	ear)	Employer	City & State	Hours/wk
	From: To:			_	_
	From: To:			_	
	From: To:			_	
3.	Do you own and reside in ownership.	your own living quarters in	Idaho? □ Yes □ No If y	es, attach documentation ver	ifying
	nu	mber & street	city state	Date Purchased: mo	nth/day/year

1.	Do you own any motor vehicle(s), mobile home(s), trailer(s), boat vehicle registration(s). Original date of registration:	(s), etc.? [] Yes □ No	Attach copy(_	ies) of current Idaho
_					
2.	Are you currently registered to vote? Yes No Attach doc		-	_	
	Date Registered City		State	Date Vote	d month/day/year
3.	Do you hold a Driver's License/State ID Card? ☐ Yes ☐ No If Card.	-			
	State where issued:		Original	date issued: _	
4.	Can you claim domicile in any other state? \square Yes \square No If no, a of previous domicile.	ttach doc	umentation t	to provide evid	month/day/year lence of abandonment
5.	Where are your household goods and/or belongings currently locat such as a property tax statement, a residential lease, etc.	ed? Attac	h document	ation of location	on of household goods
	number & street	city	state		zip
	Name Addre	SS		ldress)	
Thi	Name Addresonate Addres	: must sig	gn this sect	ion in the pro	esence of a notary.
Thi aft	Date account established:	: must sig	gn this sect	ion in the pro	esence of a notary.
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