

STUDENT COMPLIANCE FORM

Clinical Student Requirements Per Affiliation Agreement and/or Policy

*All documentation and forms should be submitted at least 3 weeks prior to requested clinical dates.
Required documentation must be submitted in one packet sent directly from school.*

Checklist for required elements of student clinical acceptance:

<input type="checkbox"/>	Signed letter of Affiliation Agreement between School and Northern Regional Hospital
<input type="checkbox"/>	Current certificate of insurance (Verify on file) – Proof of professional liability insurance
<input type="checkbox"/>	Signed confidentiality agreement
<input type="checkbox"/>	Signed corporate compliance agreement
<input type="checkbox"/>	Orientation Self-Study packet answer sheet completed with date and signature
<input type="checkbox"/>	Student Profile form completed
<input type="checkbox"/>	Clear Criminal Background check (nationwide SS# trace, OIG, Sex Offender Register)
<input type="checkbox"/>	Drug Screen to Include Drugs Listed: <ul style="list-style-type: none"> • Amphetamines • Barbiturates • Benzodiazepines • Cocaine • Methaqualone • Methadone • Opiates • Oxycodone • Morphine (Codeine, Hydromorphone, Hydrocodone, PCP, Propoxyphene)
<input type="checkbox"/>	Immunization Record (birth to present): <ul style="list-style-type: none"> • MMR #1 #2 (or Rubeloa, Rubella, and Mumps Titer) • Varicella #1 #2 (or Varicella Titer) • TB/PPD (Two Step) Initial 2 step TB and 1 step TB annually thereafter ** If longer than 1 year student will need to repeat 2 step TB/PPD • DPT #1 #2 #3 or Tdap within last 10 years • Hepatitis B (HepB) #1 #2 #3 (or Positive HepB Titer OR Declination form)
<input type="checkbox"/>	Seasonal Flu Vaccine (*Required between October 1st and March 31st) – If clinical rotation begins any time DURING October 1st – March 31st, student must have Flu Vaccine PRIOR to beginning clinical rotation

Student Name:	_____
Assigned Department:	_____
Assigned Preceptor:	_____
Dates of Assignment:	_____
Signature of Authorized School Representative:	_____
Date:	_____