REGIONAL NURSING CLINICAL PLACEMENT STUDENT PASSPORT

Students must carry this passport with them while in the clinical setting

NAME: Last: _____ First: _____M.I.___ Student ID #: _____
(Print) (Print)
College: _____ Anticipated Graduation Date (mo/yr): _____
(Print)

1. CPR (BLS) (AHA Healthcare Provider) bi-annual requirement:
   Date: _____ Date: _____ Date: _____ Date: _____

2. Criminal Background Check date verified: _____Type: _____
   (Federal, State, County)

3. Urine Drug Testing date verified: _____

4. Fraud & Abuse Detection and Prevention (federal law 2007) Education verified:
   Date: _____

5. HIPAA Education, Fire Safety, Blood borne Pathogens, Infection Control, Hazardous Chemicals education (annual requirement):

Date:	Facility:	Date:	Facility:
Date:	Facility:	Date:	Facility:
Date:	Facility:	Date:	Facility:
Date:	Facility:	Date:	Facility:

Immunizations Verification:

6. Tuberculosis Testing (annual requirement):
   Date: _____ Date: _____ Date: _____ Date: _____

7. Hepatitis B, Varicella (chicken pox), Mumps, Rubella, Rubeola, Diphtheria/Tetanus verified:
   Date: _____

Verification of Accurate Documentation (faculty signature & date):

First Year		Second Year	
Fall:	Date:	Fall:	Date:
Winter:	Date:	Winter:	Date:
Spring:	Date:	Spring:	Date:
Summer:	Date:	Summer:	Date:
Third Year		Fourth Year	
Fall:	Date:	Fall:	Date:
Winter:	Date:	Winter:	Date:
Spring:	Date:	Spring:	Date:
Summer:	Date:	Summer:	Date:

Rev: 02/21/08