

## Signature Student Requirements

Schools must provide written evidence of ALL of the following PRIOR to beginning any student clinical placement

**Student Name** \_\_\_\_\_  
**Student Date of Birth** \_\_\_\_\_  
**Student Email** \_\_\_\_\_  
**Student Phone Number** \_\_\_\_\_  
**Dates of upcoming clinical experience** \_\_\_\_\_  
**Number of previous clinical rotations?** \_\_\_\_\_  
**Anticipated Graduation Date (Month/Year)** \_\_\_\_\_

Immunizations	Documentation on file?			
1) Hepatitis B (Hep B)	_____	Yes	_____	No
2) Measles, mumps and rubella (MMR)	_____	Yes	_____	No
3) Tetanus, diphtheria, pertussis (Tdap)	_____	Yes	_____	No
4) Varicella	_____	Yes	_____	No
5) Polio ( <i>recommended but not required</i> )	_____	Yes	_____	No
6) Influenza ( <i>recommended but not required</i> )	_____	Yes	_____	No

Screenings				
1) Tuberculosis (TB)	_____	Yes	_____	No
2) Substance Abuse - 10-panel drug screen	_____	Yes	_____	No
3) Criminal Background Check, including:				
Social Security Number trace	_____	Yes	_____	No
Criminal background check in state of rotation	_____	Yes	_____	No
National criminal background check	_____	Yes	_____	No
Sex offender registry check	_____	Yes	_____	No
OIG LEIE check	_____	Yes	_____	No
Fingerprint card background check ( <i>required in Arizona only</i> )	_____	Yes	_____	No

Training				
1) CPR/Basic Life Support (BLS) for healthcare providers	_____	Yes	_____	No
2) Bloodborne Pathogen training (OSHA)	_____	Yes	_____	No

Insurance and Liability Coverage				
1) Professional Liability insurance	_____	Yes	_____	No
2) General Liability insurance	_____	Yes	_____	No
3) Non-disclosure agreement	_____	Yes	_____	No
4) Current health insurance (or coverage via Workers's Compensation insurance extended to students by school)	_____	Yes	_____	No

Release of information signed by student	_____	Yes	_____	No
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**Signature of school representative completing form:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send this completed checklist at least 30 DAYS PRIOR to the upcoming rotation to Signature to: [arichmond@4signatureservice.com](mailto:arichmond@4signatureservice.com)**