

Educational Institution Checklist
NHRMC Student Requirements

School: _____

Program/Discipline: _____

Student Name: _____

Student Dates of Educational

Experience:

Begin:

End: _____

There is a fully executed current agreement between NHRMC and the school that covers this student(s):

Completed

NHRMC Employee Health Requirements

- Current Flu Vaccination (*required October - March*)
- 2 Measles, Mumps, Rubella (MMR) vaccinations or positive antibody titer
- History of Chicken Pox (documentation required) or 2 Varicella immunizations
- TB skin test (PPD within the past year) or chest x-ray
- Tetanus vaccination within the last 10 years
- 3 Hepatitis B vaccinations or a signed declination statement

Completed

9 Panel Urine Drug Screen within the practicum semester

Completed

Criminal Background check to include:

- Criminal Conviction Report – State & Federal - min. 7 years prior
- Social Security Match
- Maiden Name Search

Yes

Professional Liability Insurance coverage per contract

Yes

Current CPR Certification (Clinical students)

Cert Type:

#:

Exp: _____

Completed

Hourly Rounding Competency (Nursing students only)

The above named student has completed all of the requirements as indicated.

Educational Institution Designee:

Print Name/Title _____

Signature: _____ **Date:** _____

Please return completed form to tabitha.rodgers@nhrmc.org