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