

**University of Kansas School of Nursing
STUDENT CLINICAL REQUIREMENTS**

Instructions: The following documentation is required by many institutions. You are required to show original documentation to verify dates of completion and give a completed copy of this form to your instructor at the beginning of every clinical course. You will not be able to start clinical experiences without this information. You are required to maintain the original form and original documentation in your files.

Student Name: _____

REQUIREMENT	CHECKLIST/ DATE COMPLETED
Annual TB (date, type, result)	
MMR (disease history and/or immunizations)	
Chickenpox (history-required, titer or immunization-optional)	
Hepatitis B (can waive, if documented; titer optional)	
Tetanus-diphtheria (booster every 10 years after the initial series)	
Health insurance (or waiver)	
Current BCLS (AHA standards - expiration date)	
Signed confidentiality statement (see below)	
Current licensure in the appropriate state (for RNs)	
Physical Examination	
Color blindness screen (schools can administer)	
Drug screen (if required)	
Criminal background check	
Clinical Orientation Training and Examination	
HIPAA Training and Examination	

CONFIDENTIALITY STATEMENT

I understand that during my clinical rotations I may have access to confidential information about clients, patients, their families and clinical facilities. I understand I must maintain the confidentiality of all verbal, written or electronic information and in some instances the information may be protected by law, such as state practice acts or other regulatory standards. In addition, the client's right to privacy by judiciously protecting information of a confidential nature is part of the health professionals expected ethical behavior.

Through this understanding and its relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care and not where it may be overheard by visitors and/or other patients. During each clinical rotation in the clinical education program, I agree to follow each agency's established procedures on maintaining confidentiality.

Print and mail your completed form to:
 University of Kansas School of Nursing
 Attn: Sharon Buchanan
 3901 Rainbow Boulevard Mail Stop 4043
 Kansas City, KS 66160
 Or fax your completed form to: 913-588-1660 Attn: Sharon Buchanan

STUDENT SIGNATURE

DATE

SCHOOL

EDUCATION PROGRAM