

Clinical Placements Northwest Student/Faculty Clinical Passport Requirements

Student/Faculty Name: Last, First, M.I.

College:

Program:

These requirements are in place for the health and safety of students, faculty and their patients.

By contract with your academic institution, all students and faculty participating in patient care experiences must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met **prior** to participation in patient care/clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. *Documentation must meet requirements at all times.* Required immunizations must include mm/dd/yyyy if available.

SUBMITTED ONCE

TUBERCULIN STATUS

- Documentation of an initial 2 step TST is required AND documentation of annual TSTs since 2 step was completed
- If no records of previous positive TB tests s or more than 12 months since last TST → 2 step TSTOR
- Negative TB IGRA test within 12 months **OR**
- If negative TST within 12 months → one stepTST
- If newly positive TST or TB IGRA → F/U by healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire
- If history of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check
- If history of BCG vaccine → TST Skin Testing as above or TB IGRA. If negative → OK; If positive → follow up as above

HEPATITIS B

- Documentation of Series of 3 vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion. If negative titer, then repeat series (consisting of doses #4-#6) and repeat titer 6-8 weeks after #6 dose. OR obtain challenge dose #4 and re-titer after 6-8 weeks **OR**
- Provide documentation of positive titer (anti-HBs or HepB SAb) **OR**
- Signed declination for students/faculty who decline vaccination *Specific healthcare institutions may require vaccination without exception (i.e., no declination)*

MMR (Measles, Mumps, Rubella)

- Proof of vaccination (2 doses at appropriate intervals **OR**
- Proof of immunity by titer

VARICELLA (Chicken Pox)

- Proof of vaccination (2 doses at appropriate intervals) **OR**
- Proof of immunity by titer

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

- Tdap **required** once
- Td required every 10 years afterTdap

CPR

- American Heart Association (AHA) BLS Provider Card or Military Training Network (MTN) Provider Card only

AUTHORIZATION FOR RELEASE OF RECORD

- Kept on file by education institution

REQUIRED EDUCATION

EACH HEALTHCARE INSTITUTION WILL COMMUNICATE TO FACULTY AND STUDENTS ANY REQUIRED EDUCATIONAL CONTENT TO BE COMPLETED PRIOR TO PARTICIPATING IN PATIENT CARE.

STUDENTS AND FACULTY IN CPC#1 AND INPC CONSORTIUMS MUST COMPLETE ALL STUDENT LEARNING MODULES ON THE WEBSITE. IF ANY QUESTIONS, PLEASE CONSULT YOUR PROGRAM

SUBMITTED EVERY YEAR

TUBERCULIN STATUS

- Annual TST **OR**
- Annual TB IGRA test
- If newly positive TST/IGRA results→ F/U with healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and may need to complete health questionnaire.
- Previously documented positive TST results and prior negative chest X-ray results: submit annual symptom check completed within one year from healthcareprovider

INFLUENZA

- Proof of seasonal vaccination(s) **OR**
- Signed declination for student/faculty who decline vaccination *Specific healthcare institutions may require vaccination without exception (i.e., no declination)* <http://flushot.healthmap.org/>

BACKGROUND CHECKS

- National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/readmission and reentry/hire to program to include all counties of residence & all Washington State counties per RCW 43.43.830 and OIG and GSA screens. Excluded provider searchon:
 - OIG <http://exclusions.oig.hhs.gov/> (conducted monthly)
 - GSA <http://www.sam.gov> (conducted monthly)
- Washington State Patrol Background Check (WATCH) annually thereafter
- Disclosure Statement (annual)-kept on file by education institution

LICENSE (if faculty licensed or certified as any healthcare provider (RN, LPN, NAC, etc. & in what specific State)

- Current
- Unencumbered

INSURANCE

- Professional Liability \$1,000,000/3,000,000 policy (This may be coverage via the school or individual)

ADDITIONAL REQUIREMENTS (if applicable)

Some healthcare settings may have additional requirements, such as the following:

- Vehicle Insurance (for access to VA & Military Facilities)
- Personal Health Insurance
- Drug Screen
- Hepatitis AVaccine
- Current First Aid Card
- Proof of U.S. Citizenship
- Color Vision Test
- Food Handlers License

Students and Faculty will be informed prior to clinical experience if optional or additional requirements need to be met.

Clinical Placements Northwest
Student/Faculty
Clinical Passport Requirements

Student/Faculty Name	DOB
Last Name, First, M.I.	_____
College:	_____
Program:	_____
Form verified by:	_____
Name	Date _____
Name	Date _____
Name	Date _____

By contract with your academic institution, all students and faculty participating in patient care experiences must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met **prior** to participation in patient care/clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. *Documentation must meet requirements at all times.* Required immunizations must include mm/dd/yyyy if available.

SUBMITTED ONCE

SUBMITTED EVERY YEAR

TUBERCULIN STATUS

A. Two-step TST#1 Place Date _____ Read Date _____
Result: mm _____ Neg _____ Pos _____

B. Two-step TST #2 Place Date _____ Read Date _____
Result: mm _____ Neg _____ Pos _____

C. TB IGRA Date _____ Result: _____

D. If New Positive/Exam/X-ray Date _____ **OR**

E. Positive TST/Negative X-ray Date _____

TUBERCULIN STATUS

A. Annual TST (given less than one year from previous TST)
Date _____ Result: Neg _____ Pos _____ mm _____
Date _____ Result: Neg _____ Pos _____ mm _____
Date _____ Result: Neg _____ Pos _____ mm _____ **OR**

B. Annual TB IGRA (drawn less than one year from previous IRGA)
Date _____ Result: _____ Date _____ Result: _____
Date _____ Result: _____

C. If New Positive/Exam/Chest X-ray
Exam Date _____ X-ray Date _____

D. Known Positive/Possible Treatment/ Annual Symptom Check from Health Care Provider Date _____

HEPATITIS B (3 primary series shots: (at 0,1,6 mos.) plus titer confirmation (6-8 weeks later)

A. Vaccination Dates
1) _____
2) _____ Immunity confirmed by titer
3) _____ Date _____ **OR**

B. If negative titer after initial series of 3 vaccines, then vaccine #4 and re-titer Or #5 and #6 vaccines and re-titer
4) _____
5) _____ Immunity confirmed by titer
6) _____ Date _____ **OR**

C. Immunity confirmed by titer (anti-HBs or HepB SAb) Date _____

D. Signed declination Date _____

E. History of disease Date _____ Known non-responder

INFLUENZA Effective dates: 08/31/2016 – 4/30/2017

A. Which healthcare provider administered vaccine?

B. Proof of seasonal vaccination
Date 1 _____ Date 2 _____ Date 3 _____ **OR**

C. Signed declination
Date 1 _____ Date 2 _____ Date 3 _____

MMR (Measles, Mumps, Rubella)

A. Vaccination Dates
1) _____ 2) _____ **OR**

B. Immunity by titers: Measles Date _____
Mumps Date _____ Rubella Date _____

BACKGROUND CHECK

A. National Criminal Background Check including Excluded Provider Search on OIG and GSA upon admission and then monthly OIG and GSA
Dates _____, _____, _____

B. Washington State Patrol Check (WATCH) upon admission and then annually
Dates _____, _____, _____

C. Disclosure Statement annually (School keeps this on file)
Dates _____, _____, _____

VARICELLA (Chicken Pox)

A. Vaccination Dates
1) _____ 2) _____ **OR**

B. Immunity by titer Date _____

LICENSE (Any healthcare license, certification, registration)

A. State _____ # _____ Exp. Date _____
OR

B. Not Applicable

TETANUS/DIPHTHERIA/PERTUSSIS

A. Tdap Date _____

B. Td Date _____

INSURANCE

A. Professional Liability Policy
Expiration Date: _____, _____

AHA BLS Course Courses can be American Heart Association (AHA) BLS Provider, or Military Training Network (MTN) Course
Expiration Date: _____

ADDITIONAL REQUIREMENTS (if applicable)

A. Vehicle Insurance Date _____

B. Personal Health Insurance Date _____

C. Drug Screen Date _____

D. Hepatitis A Vaccine Two doses
Dates: 1) _____ 2) _____

E. Current First Aid Card Date _____

F. Proof of U.S. Citizenship Date _____

G. Confidentiality Statement Date _____

H. Color Vision Test Date _____

I. Food Handlers License Date _____

Authorization for Release of Record School keeps this on file

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This is not a comprehensive list; there may be more items.