

CLINICAL CHECK-OFF FORM

Section 1 – Student to complete prior to orientation

Student's Name: _____

Last 4 of Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

Track (Major): _____

Expiration Date: _____

Degree Seeking

Special

Comments: _____

FOLLOWING SECTIONS TO BE COMPLETED BY GRADUATE STAFF ONLY WITH SUPPORTING DOCUMENTATION FROM STUDENT

Section 2

Texas RN Licensure #: _____

CPR Expiration Date: _____

Expiration Date: _____

PALS Expiration Date _____

Assessment Course within last 3 yrs _____

Restriction Code(s), if applicable

Resident of Texas for last 5 years (check if Yes)

If not, indicate State: _____

Completed Immunization History

Hepatitis B or Titer

Tetanus/Diphtheria (within 10 years)

Varicella or Titer

Measles Mumps Rubella or Titer

TB Test (annually) or Chest x-ray (every 2 years)

Section 3

Student Confidentiality Agreement

E-log Database Consent Form

Verification of Health Insurance

Code of Ethics

Section 4

Acknowledgement of Clinical Orientation

Enrolled in Clinical Course

OSHA Requirements

JCAHO Standards

Criminal Background and Drug Screen Test

A Criminal Background and Drug Screen Test will be required before your first clinical class (NURS 5313, 5314, 5418, 5339 or 5341). You will be contacted by email approximately 6 weeks prior to the start of the clinical course with instructions.

All supporting documentation should be submitted to Linda Adams, Graduate Clinical Coordinator at FAX 817-272-0663 or ladams@uta.edu