

MSN STUDENT CLINICAL INFORMATION FORM

Section 1

Student's Name: _____ Social Security: _____
 Date of Birth: _____ Driver's License Number: _____
 Track (Major): _____ Expiration Date: _____
 Degree Seeking Special Comments: _____

☞ THIS SECTION TO BE COMPLETED BY GRADUATE STAFF ONLY WITH SUPPORTING DOCUMENTATION FROM STUDENT ☞

Section 2

Texas RN Licensure #: _____ CPR Expiration Date: _____
 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

Section 4

Acknowledgement of Clinical Orientation

Enrolled in Clinical Course Parkland Children's/Cooks Other

Section 5

Criminal Background Check \$3.72 Drug Screen Test (Student's Health Services)
<http://www.txdps.state.tx.us> 605 S. West Street (817) 272-2771

All supporting documentation will need to be submitted to Felicia Chamberlain