Pre Clinical Clearance Form

Revised Effective 09/2019

Program: _____ Initial Semester: _____ Clinical Affiliate: _____

Course Director/Instructor: _____ Rotation Dates: _____

Faculty/Student Name	AHA CPR Expiration Date	Liability Insurance (Coverage dates)	Community Wide Student Orientation (Date Completed)	Background Check (Cleared date)	Negative Drug Screening** Date	TB # 1 Skin Test Results Date	TB # 2/Q Skin Test Results Date	TB Annual or Chest/Xray CXR Date & Assessment	Tdap/Td	Varicella Date (+ /-)	Varicella Titer	M.M.R. Dates (+ /-)	M.M.R. Titer	H.B.V. (Hep B) #1 Dates (+ /-)	H.B.V. (Hep B) #2 Dates (+ /-)	H.B.V. (Hep B) #3 Titer	Flu Vaccine or Declination Date

**** Control Substance Testing (Drug screening) – 10 panel screening is required. (+= positive -= negative) - Q= Quantiferon**

The Course Director or designee hereby verifies that the enclosed information is accurate and on file at his/her Institution. Furthermore, the Course Director/designee verifies that the background check for the faculty and students meets the requirements of Level One which consists of the following elements: 1) Social Security Number Verification; 2) Criminal Search (minimum 7 years) in current and previous counties of residence; 3) Violent Sexual Offender and Predator Registry Search; 4) OIG List of Excluded Individuals/Entities; 5) GSA List of Parties Excluded from Federal Programs; 6) US Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN); and 7) State Exclusion List (http://www.hhsc.state.tx.us/OIE/exclusionlist/exclusion.asp). For Instructors Level Two which consists of: 1) All of Level One elements; 2) License Verification; 3) Certification Verification; and 4) Employment Verification is only to be conducted for licensed/certified personnel (include reason for separation and eligibility for re-hire for each employer). Based upon information made available and to the best of my knowledge there are no prior or pending investigations, reviews, sanctions or peer review proceedings; or limitations of any licensure, certification or registration. I understand that an annual compliance audit will be conducted by the Facility/Hospital on the premises of the Institution of five percent (5%) or a minimum of thirty (30), such background investigation files as authorized by the participants under the Fair Credit Reporting Act (FCRA). The background check reports in the possession of the Institution constitutes an "educational record" under the Family Educational Rights and Privacy Act (FERPA), codified 20 U.S.C. 1232g. In accordance with FERPA, the information must be handled by individuals at the Facility who have a legitimate need to verify participant qualifications.

_____ Print Name of Course Director/Designee/Title

_____ Signature of Course Director/Designee/Title

_____ Phone Number

_____ E-mail Address

_____ Date

Note: History of a disease (measles, chicken pox or mumps) is no longer an exemption from vaccination or titer requirements.

Revised 10/2015,11/17,2/18,9/18