



**CHECKLIST FOR STUDENT CLINICAL EXPERIENCE**  
**MEDICAL**  
**NURSE PRACTITIONER / PHYSICIAN'S ASSISTANT**  
**SURGICAL FIRST ASSIST**  
Medical Staff Office

Student Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

School: \_\_\_\_\_ Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Estimated Graduation: \_\_\_\_\_

**HEALTH REQUIREMENTS:** The school affirms that the student listed above has satisfied the pre-clinical health requirements listed below:

- Measles, Mumps, Rubella (MMR) – 2 doses given at least 28 days apart, laboratory documented immunity, or laboratory documentation of prior disease
- Varicella immunization or proof of immunity
- Hepatitis B vaccination or proof of student's declination to receive vaccination
- Tetanus, diphtheria, pertussis (Tdap) vaccination – with booster within 10 years
- Influenza (flu) vaccination within the past 12 months
- Personal health insurance
- Proof of Covid-19 vaccination

**BACKGROUND CHECK:** The school affirms that a retrospective background check has been conducted on the student listed above. Unless CHI Memorial is notified in writing, all background checks are negative. The background check includes the following:

- SSN verification
- Criminal Search (7 years)
- Violent Sexual Offender and Predator registry
- HHS/OIG/SAM
- Applicable state exclusion list

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Students are required to work under the supervision of a Physician sponsor.**

Name of Physician sponsor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Physician sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

The school will submit a letter of **Verification of Enrollment and Good Standing** for the student.

The school acknowledges that this information will be available to CHI Memorial upon request.

Name of Faculty (or school designee): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Faculty (or school designee): \_\_\_\_\_ Date: \_\_\_\_\_