

**Erlanger Health System
Hospital Orientation Checklist
For Faculty and Student
Allied Health: Clinical**

School Name: _____

Student Name: _____

EHS Department/Preceptor: _____

Semester/Term date: _____

By signing this form, the educational institution confirms that the following elements are current for the semester/term for this student. This form and all supporting documentation must be submitted at least one week before the clinical start date.

Email: nancy.stevens@erlanger.org A confirmation email will be sent to the school contact and student when the student is authorized to enter the facility.

Please provide the contact information of individual at the school or institution responsible for maintaining required documentation:

Name _____ Phone _____

Email _____

Comments:	Required Documentation on file at school/institution:
	• Approved background check
	• Negative drug screen (7 panel screen)
	• School approved health verification form that includes:
	○ MMR immunization record or proof of immunity
	○ Varicella Zoster (chicken pox) immunization record or proof of immunity
	○ Negative Tuberculin skin test (PPD) or negative chest x-ray within the last 12 months
	○ Tdap vaccine (Students entering pediatric, obstetric or Mother-Baby depts – inpatient & outpatient facilities)
	○ Flu vaccine (Students entering October – March)
	• OSHA/TOSHA fit-testing for N95 particulate respirator mask *Applicable for students assigned to in- patient care areas
	• Current American Heart Association CPR with AED certification
	• Malpractice insurance through school
	• Acknowledgments:
	○ Signed EHS HIPAA/Privacy/Confidentiality form
	○ Signed EHS Code of Conduct Form
	• Completion of Regulatory Orientation Modules on TCPS website (General Orientation & EHS Facility Orientation)

Documentation to be emailed or faxed to Clinical Placement Coordinator:	
Comments:	
	• Student roster of clinical dates, student last names and clinical instructor/faculty contact numbers

Only one hospital orientation checklist is required per school each semester or term.

Faculty Signature _____ Date: _____