

CPR

Students/Faculty must have a current card/roster indicating Healthcare Provider status to participate in clinical!

Expiration Date: _____ American Heart Association – or - American Red Cross*

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* Note that many facilities will only recognize American Heart Association Healthcare Provider CPR. Check with your faculty prior to taking any CPR course outside of your school.

GENERAL ONLINE HEALTHCARE ORIENTATION

Complete this content once per academic year!

GENERAL ORIENTATION QUIZ - the Completion Certificate should be kept with the Clinical Passport!

Date: _____ Score: _____

Date: _____ Score: _____

CLINICAL FACILITIES SPECIFIC ORIENTATION

Be sure and include any required facility documentation including Quiz Certificates with your Passport!

Facility: _____ Date: _____

Facility: _____ Date: _____

Facility: _____ Date: _____

Facility: _____ Date: _____

Facility: _____ Date: _____

Facility: _____ Date: _____

Facility: _____ Date: _____

Facility: _____ Date: _____

VERIFICATION OF ACCURATE DOCUMENTATION (SIGNATURE of INSTRUCTOR & DATE)

DATE _____

SIGNATURE: _____

DATE _____

SIGNATURE: _____

DATE _____

SIGNATURE: _____

DATE _____

SIGNATURE: _____

Note: This Clinical Passport may be used for 2 consecutive years based upon your program of study.