

Educational Institution Checklist
Novant Health Student Requirements

School: _____

Program/Discipline: _____

Student Name: (If more than one student – attach list) _____

Student Dates of Educational Experience: Begin: _____ End: _____

There is a fully executed current agreement between NHRMC and the school that covers this student(s):

Completed NHRMC Employee Health Requirements

- Current Flu Vaccination (required October - March)
- 2 Measles, Mumps, Rubella (MMR) vaccinations or positive antibody titer
- History of Chicken Pox or 2 Varicella immunizations
- TB skin test (PPD within the past year) or chest x-ray
- Tetanus vaccination within the last 10 years
- 3 Hepatitis B vaccinations or a signed declination statement
- Completed 9 Panel Urine Drug Screen within the practicum semester
- Completed Criminal Background check to include:
 - Criminal Conviction Report – State & Federal - min. 7 years prior
 - Social Security Match
 - Maiden Name Search
- Yes Professional Liability Insurance coverage per contract
- Yes Current CPR Certification (Clinical students)
 - Cert Type: _____
 - #: _____
 - Exp: _____
- Completed Hourly Rounding Competency (Nursing students only)

The above named student has completed all of the requirements as indicated.

Educational Institution Designee:

Print Name/Title _____

Signature: _____ Date: _____