

08-18-2021

Student / Instructor Practicum/Internship Checklist

Please submit form to Human Resources at least two (2) weeks prior to clinical practicum or internship.
Flagged screenings will be reviewed by Human Resources prior to starting program.

<input type="checkbox"/> Student <input type="checkbox"/> Instructor	Clinical Dates: _____	Unit(s): _____
NAME: _____		Program: _____
Last 4 # of Social Security #: XXX-XX-____-____		Johnston Health Department: _____
E-Mail: _____		Date of Birth: _____
School: _____		Telephone #: _____
Instructor / Supervisor: _____		

<b style="color: red;">Please confirm the following documents are on file and available if requested.	Available on File <i>(Initial)</i>	Flagged for HR to Review	Cleared <i>(HR Initials)</i>	Notes
Background Check		<input type="checkbox"/>		
Drug Screen		<input type="checkbox"/>		
Liability Insurance				
<u>Record of required immunizations:</u> <ul style="list-style-type: none"> MMRs (x2) or Positive Titers (Measles, Mumps, Rubella) Varicella Tuberculosis Skin Test (TST) Hepatitis B Series (x3 doses), Positive Titer, or signed declination 				TST Date Received _____
<u>Annual Influenza Immunization</u>				Date Received _____
COVID Vaccine J&J (1) dose <i>Circle type</i> Pfizer / Moderna (2) dose				Date Received _____ Date Received _____
COVID Vaccine Exemption on file <i>Circle type</i> Medical / Pregnancy / Religious				Date Granted _____
<ul style="list-style-type: none"> <u>Completion of facility orientation:</u> <ul style="list-style-type: none"> UNC HCS Annual Mandatory Compliance Training combined module (includes Confidentiality Agreement) Dress Code Policy Fire Safety 	_____ _____ _____			
INSTRUCTOR License or Certification				

I do hereby certify that the information provided by me for the purpose of student rotation/internship is true and complete to the best of my knowledge. I acknowledge that if Johnston Health requests the above information due to an audit or request from regulatory agency (Joint Commission, DHHS, etc.), I will provide the information immediately upon request.

Instructor/Staff Signature: _____	Date: _____
<i>Internal Use Only – Human Resource Department</i> Recruiter/HR Rep Signature: _____	Cleared/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____