

**Clinical/Practicum Compliance Requirements****Couple and Family Therapy Program****Continuing Annual Recheck Requirements**

Please use this form as a guide for remaining in compliance with all clinical guidelines through your time in the program.

You may print this checklist and use it as a guide throughout the compliance process.

ITEM	DATE COMPLETED
<u>Screenings:</u>	
FBI Fingerprint	
State Criminal Background Check	
Child Abuse Clearance	
Drug Screen	
<u>Check for yearly update reminders on the following:</u>	
Annual One-Step PPD	Check your individual due date; must be current while in clinical course work
Current Tdap (must be within last 10 years)	
BioRaft/Online Safety Training	
CPR Certification: Must be the American Heart Association – BLS for the Healthcare Provider). Must be current. (The renewal date will be set according to the expiration date of your certification.)	
Emergency Contact Form	
(Check if information is current – only needs to be updated if information has changed.)	
Seasonal Influenza Form	
(Documentation must be submitted by October 1 st annually. This must be on file for all Fall, Winter and Spring clinical/practicum rotations.)	