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

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

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| --- | --- |
| **ITEM CHECKLIST** | **DATE COMPLETED** |
| **Screenings:** |
| FBI Fingerprint |  |
| State Criminal Background Check |  |
| Child Abuse Clearance |  |
| Drug Screen |  |
| **Check for yearly update reminders on the following:** |
| 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) |
| Safety and Health Online Training |
| BLS Certification Renewal**CPR Certification**-Must be the American Heart Association – BLS for Healthcare Providers |
| 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 1st annually. This must be on file for all Fall, Winter and Spring clinical/practicum rotations.) |  |