



Student Clinical Placement Checklist

Student Name: _____ Position: _____

School: _____ School Contact: _____

School Address: _____ School Phone: _____

Social Security #: _____ Student Bday: _____

Student Phone: _____

Emergency Contact: _____ Phone: _____

Preceptor Department and/or Provider: _____

Start date: _____ End date: _____

STUDENT WILL PROVIDE:	
Department specific training required: BLS, ACLS, PALS, CPR	
Copy of current TST (TB Skin Test) and Immunization/Titers	
Drug Screen (furnished by the student) 10 Panel Screen	
Abuse/Criminal Background (furnished by the student) Pre-Check	
Nondisclosure Agreement	
Key Elements Check List	
Signed Corporate Compliance Handbook / HIPAA acknowledgement	
Copy of Driver's License	
Copy of Social Security Card	
Letter of Good Standing providing Dates of rotation / Work Schedule	
Skills Assessment (If applicable)	
Job Description (Student) (if applicable)	
CV and/or Resume	
FACILITY WILL VERIFY/PROVIDE:	
Current contract with school verified	
Evidence of Mal-Practice Insurance from school	
EPLS (https://www.epls.gov/epls/search.do?ssn=true)	
OIG (http://exclusions.oig.hhs.gov/)	
Notification sent to BRMC Managers / Preceptor Providers	
BRMC Identification tag (only given upon receipt of all documents)	

I verify that the items that I have initialed are complete.

Student Print Name

Student Signature & Date

Hospital Representative Signature & Date