

## Attestation of Student Requirements for CRMC Clinical Rotations

PRINT Student Name: \_\_\_\_\_

Clinical Start Date: \_\_\_\_\_

### Items kept by the school for audit purposes:

- Criminal Background check **within one year prior to clinical start date**
- Negative nine panel or greater drug screen **within one year prior to clinical start date**
- Current Basic Life Support Certification for students providing direct patient care
- TB skin test **within one year prior to clinical start date**; If chest x-ray required must be **within one year prior to clinical start date**.
- Varicella – 2 vaccines or positive titer
- MMR – 2 vaccines or positive titer
- Hepatitis B – 2 vaccines or declination form
- Influenza – Proof of current vaccination required annually, or CRMC declination form
- Covid Vaccine – Proof of current vaccination required annually, or CRMC declination form
- Misabeled Specimen Education Video – All students participating in clinicals at CRMC must watch the following video: <https://youtu.be/xZFoVR TT9k>
- OIG Exclusion Check – Go to the website and enter your student's name and search. No results should be found. If results found, you must let us know in ample time to investigate. Take a screen shot or photo of this as proof to be presented for audit purposes. <https://exclusions.oig.hhs.gov/>
- Read our Orientation PDF Booklets – **This is your orientation into our facility** to familiarize you with our policies and procedures regarding compliance, confidentiality, code of conduct, student handbook/orientation.
- IT documentation system access – Complete online request with our Information Systems department. Contact [helpdesk@crmc.freshservice.com](mailto:helpdesk@crmc.freshservice.com) for assistance.
- Only complete this form – Student waiver – if no Certificate of Insurance from School or if instructed
- Parking Map and Parking Pass – Be sure your student is aware of parking expectations – park in Lot L.

Items that must be received by CRMC on every student prior to any rotation beginning. Send all to Bethany Pack [blpack@crmchealth.org](mailto:blpack@crmchealth.org) and Emma Burchett [elburchett@crmchealth.org](mailto:elburchett@crmchealth.org)

- **Signed acknowledgements** regarding our policies and procedures; students' orientation
- **This form – ATTESTATION** of Student Documentation Requirements for CRMC Clinical Rotations
- **Covid and/or Flu declination** forms if vaccine(s) declined.

If the student fails any above requirement or it is in question, Cookeville Regional Medical Center (CRMC) must be notified at least 4 weeks in advance of the clinical start date. CRMC reserves the right to deny the clinical rotation or terminate the rotation at any time. By Signing below, I verify that the above named student has met all documentation requirements detailed above for CRMC. I understand that random audits will be performed at any time at the discretion of CRMC.

PRINT School Name and Program: \_\_\_\_\_

PRINT School Program Coordinator/Director Name: \_\_\_\_\_

Signature of School Program Coordinator/Director: \_\_\_\_\_