



School Checklist/Requirement Verification

Student's Name _____ Student's Phone # _____

Student's Email _____ School/Program: _____

Rotation(s): _____

Start Date: _____ End Date: _____

This form is to be completed by an authorized school representative.

	School Representative Initials
<p>1. Immunizations: I am verifying that the information required on the student's immunization verification form is on file with the school. If the school has made other arrangements to have the student supply immunization records directly to the ORGANIZATION, please check here. <input type="checkbox"/></p>	
<p>2. Background Check: I verify that a criminal background check, exclusion list check from Office of Inspector General (OIG) http://exclusions.oig.hhs.gov/ and national sexual offender registry search http://www.nsopw.gov/en-us has been completed on this student. I am verifying that the results show no records and/or no discrepancies.</p>	
<p>3. Drug Screen: I am verifying that the information on the student's 10 panel drug screen is no more than 30 days from the start of the school year; I am verifying that the results show no discrepancies</p>	
<p>4. Letter of good standing and proof of professional liability for the student while rotating at ORGANIZATION will be provided prior to the start date of the clinical rotation(s).</p>	
<p>5. I verify the above statements to be true. I have reviewed and understand all the information that has been given to the students in the Student Checklist and Orientation Manual.</p>	

Authorized School Rep Signature _____ Date _____

Print Name _____ Phone # _____

Email address _____