

**Orientation Checklist  
Southeast TN Regional  
Clinical Partners**

School Name: \_\_\_\_\_ Program \_\_\_\_\_

Semester/Term date: \_\_\_\_\_

By signing this form, the educational institution confirms that the following elements are current for the semester/term for each faculty and student. The school or institution agrees to provide any of the information below from the faculty or student file upon request of the clinical site(s). **This form must be emailed to the clinical site(s) before clinical groups may enter the facilities.**

**Please provide the contact information of individual at the school or institution responsible for maintaining required documentation:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Comments:	Required Documentation on file at school/institution:
	<ul style="list-style-type: none"> <li>• Approved background check</li> </ul>
	<ul style="list-style-type: none"> <li>• Physical Exam</li> </ul>
	<ul style="list-style-type: none"> <li>• Negative drug screen (11-panel)</li> </ul>
	<ul style="list-style-type: none"> <li>• Record of health that includes:               <ul style="list-style-type: none"> <li>○ Tdap vaccine w/in 10 years (students entering pediatric, OB or ED areas)</li> <li>○ Varicella Zoster (chicken pox) immunization record or proof of immunity</li> <li>○ MMR immunization record or proof of immunity</li> <li>○ Hepatitis B immunization series, titer or proof of declination</li> <li>○ Flu vaccine (students entering October—March)</li> <li>○ COVID-19 vaccination series or exemption on file</li> <li>○ Negative Tuberculin skin test (PPD), chest x-ray, Tspot or QuantiFERON Gold on admission to program and then annual TB screening form thereafter</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• OSHA/TOSHA fit-testing for N95 particulate respirator mask *Applicable for students assigned to inpatient care areas</li> </ul>
	<ul style="list-style-type: none"> <li>• Current American Heart Association CPR with AED certification</li> </ul>
	<ul style="list-style-type: none"> <li>• Malpractice insurance through school</li> </ul>
	<ul style="list-style-type: none"> <li>• Completion of General Orientation Modules on TCPS website (certificate)</li> </ul>
	<ul style="list-style-type: none"> <li>• Completion of Facility Orientation modules on TCPS website (certificate)</li> </ul>
	<ul style="list-style-type: none"> <li>• Facility Orientation Documentation (Kept in student file at school)               <ul style="list-style-type: none"> <li>○ Standards of Behavior, HIPAA/Confidentiality &amp; Code of Conduct</li> </ul> </li> </ul>

Contact Erlanger Student Clinical Placement via email at [clinical@erlangerschools.org](mailto:clinical@erlangerschools.org)