



Fox Valley Health Care Alliance

GRADUATE STUDENT—FVHCA CLINICAL PLACEMENT REQUEST & PLACEMENT FORM INSTRUCTIONS FOR COMPLETION

PURPOSE: The purpose of the form is to provide a consistent format for requesting graduate student placements among FVHCA facility members and to facilitate planning between member schools and facilities while also providing required student information.

GENERAL INFORMATION

- Indicate School requesting placement and type of student to be placed
- Facility Contact Person is the person to whom the form will be sent. See <http://www.fvhca.org/ClinicalPlacementContacts.html> for list of contacts
- Provide your information as Requestor

PRACTICUM INFORMATION

- Provide course title and number of credits. Facilities may request syllabus to determine appropriateness of placement
- Indicate the semester and year during which the rotation will take place, including start and end dates
- Indicate total number of clinical/practicum hours to be done with this preceptor and, if known, times/days student will be working with preceptor
- Provide course instructor contact information including: name, phone, email and license number with expiration date
- Indicate the name of the preceptor who has had contact with the student to be placed
- Indicate the desired placement facility including building name/address if agency has more than one facility in the area
- Include the unit or department in which the preceptor works

STUDENT INFORMATION

- **Student Name:** Please include middle initial (necessary for computer documentation access)
- **Student ID:** Is required for computer access and must be the last 4 digits of student social security number.
- **Date of Birth (DOB):** Required for computer access.
- **Health Requirements and Background Checks:** Indicating Y = YES, means that all minimum health requirements and Background checks have been completed. Indicating N = NO, means that one or more areas are deficient; follow-up and comment(s) are required with facility/organization. Please provide documentation to explain.

Health Requirements:

- 1) **Date of last Tuberculin Skin Test or Quantiferon Gold test.** If date > 12 months, a two step is required OR quantiferon gold test. For known positive TB skin test or quantiferon gold, evidence of a negative baseline chest x-ray at or within one year of starting their initial clinical experience is required AND an annual TB questionnaire.
- 2) **Hepatitis B vaccination series:** Hepatitis B vaccination series OR signed declination OR a positive Hepatitis B titer.
- 3) **MMR:** Dates of 2 MMRs OR Positive rubella titer, rubeola titer and mumps titer.
- 4) **Varicella Vaccination:** Two (2) Varicella Vaccination dates OR Positive Varicella titer OR Reported history of chicken pox.

Background Checks – Y = YES, means the following checks performed and cleared without criminal record. N = NO means one or more areas are deficient: Please provide copy of all documentation or explanation and follow-up is required with facility/organization. (During record review checks, hard copy proof of items below must be provided).

- 1) **Background Information Disclosure Form (BID)**
- 2) **Dept. of Justice Criminal Background Check** <http://wi-recordcheck.org/>
- 3) **Dept. of Health and Family Services Caregiver Background Check (DHFS)** <http://wi-recordcheck.org/>
- 4) **HHS Office of the Inspector General Exclusions check** <http://exclusions.oig.hhs.gov/>
- 5) **EPLS check** <https://www.epls.gov/epls/search.do?ssn=true>

- **CPR:** Indicating Y = YES, CPR card is valid **throughout** clinical placement. Indicating N = NO, one or more areas are deficient; follow up is required.
- **Computer Access and Training:** Indicating A = needs Access, T = needs Trainng, B = needs Both access and training, N = Not needed
- **Date of Annual Orientation to Facility:** Mandatory and required annually. All students/faculty are expected to review orientation materials prior to starting the clinical rotation (list date this will be completed by/on). This requirement can be met by viewing the two FVHCA online learning modules #1 and #2, completing the confidentiality agreement (Form A), the general on-line orientation form (Form B), and completing the organization specific orientation (Form C).
- **Student Email:** Please provide an email address for each student.

VERIFICATION

- The school verifies that all students and faculty have met the requirements for placement in a clinical agency and are in compliance with the contract/addendum related to the Caregiver Law and regulations as stipulated in Wis. Stats. HFS 12 and HFS 13, Wis. Admin. Code and associated DHFS rules and regulations. Students/faculty not in compliance will be reviewed with facility for final determination regarding clinical placement.
- **Signature:** School representative (Requestor), manual or electronic signatures will be accepted.
- It is agreed that copies of required information will be made available to the clinical agency on demand at any time during normal business hours.

SUBMIT - save the form & send to the appropriate facility contact person via fax or email for approval.

RECEIVING FACILITY APPROVAL

- Facilities will attempt to complete the approval section and return it approximately four weeks before the clinical start date whenever possible.
- "Facility representative" is the approving agent for the facility.