



INSTRUCTIONS for Completing the REQUIRED STUDENT / FACULTY INFORMATION FORM for UNDERGRADUATES

Please Note: it is agreed that copies of any of the required information will be made available to the clinical agency on demand at any time requested during normal business hours.

- **Student Name and phone number:** Please include middle initial (necessary for computer documentation access). A phone number is required for precepted students and optional for non-precepted students.
- **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
- **Department or unit:** Indicate area student will be located for clinical or precepted experience.
- **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 must be provided for items noted below)

- 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/BLS:** Indicating **Y** = YES, means CPR card is valid **throughout** clinical placement. Indicating **N** = NO, means that 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 Agency:** Orientation to Facility is 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 on/by). This requirement will be met by the students/faculty viewing the two online learning modules, completing the confidentiality agreement (Form A), the general on-line orientation form (Form B), and completing the organization specific orientation (Form C).
 - **Graduation date:** Enter the anticipated graduation date. This assists facilities with records and computer access.
 - **Signature:** School representative, signature can be manual or electronic.

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.