



## INSTRUCTIONS for Completing the REQUIRED STUDENT / FACULTY INFORMATION FORM (RIF) for UNDERGRADUATE PLACEMENTS

**Please Note:** It is agreed that copies of any of the required information will be kept in student file at school and will be made available to the healthcare facility on demand at any time requested during normal business hours. The RIF replaces the need to send actual copies of all requirements.

- **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
- **Healthcare Facility / Unit:** Indicate where student will be located for clinical or precepted experience.
- **Student email (required):** Individual email is required for Epic
  - 1) If facility has provided a preceptor name include name on form.
  - 2) Clinical start/end date: list date range approved by Healthcare Facility.
  - 3) Number of hours: list what was approved by Healthcare Facility.
- **Phone Number:** A phone number is required in case a situation arises where contacting student directly is necessary.
- **Health Requirements, Influenza, Orientations, Background Checks:** Indicating **Y** = YES, means 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. 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: FVHCA Hep B Documentation Form AND 1 of the following documented: 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 mumpstiter.
- 4) Varicella Vaccination: Two (2) Varicella Vaccination dates **OR** Positive Varicella titer **OR** Reported history of chicken pox.
- 5) Influenza: Y = Yes; Ensure student has received influenza vaccine prior to November 15<sup>th</sup> for any fall session/semester and prior to start of spring session/semester, or (if available) Any summer session; N = no influenza vaccine; Ex = Exemption filed (medical exemption signed by provider). If student files exemption after student/faculty information form is submitted, provide documentation to healthcare facility within 10 days. Exemption forms are required annually.

**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) SAM (formerly EPLS) check <https://www.sam.gov/portal/public/SAM>

- **CPR/BLS:** Indicating **Y** = YES, means CPR card is valid **throughout entire** clinical placement. Indicating **N** = NO, means that one or more areas are deficient; follow up is required.
- **Computer Access and Training:** **A**=needs Access, **T**=needs Trainning, **B**=needs Both access and training, **N**=Not needed. If unsure what is needed, talk with instructor before submitting.
- **Forms A/B:** **Students are required to complete FVHCA online orientation modules prior to clinical experience.** This annual requirement will be met by the students/faculty viewing the online modules, and completing the confidentiality agreement (FVHCA Form A), and the general on-line orientation form (FVHCA Form B). The student should send the signature page showing they met this requirement to you, and then form is added to the student file at school. You'll put the date from form on the RIF. Note – actual date is required, not Y/N.
- **FVHCA Form C** (Healthcare Facility Specific Orientation): Students are required to complete a healthcare facility online/site specific orientation annually for each organization. (Form C:). This most often happens 1<sup>st</sup> clinical day, so you can enter that date here. However, you must be sure that student sends you Form C after rotation starts, in order to be added to school file.
- **Graduation date:** Enter the anticipated graduation date. This assists facilities with records and computer access, and potentially with prioritizing requests.
- **Signature/date:** School representative signature and date - can be manual or electronic.

The school verifies that all students and faculty have met the requirements for placement in a healthcare facility 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 Healthcare facility for final determination regarding clinical placement.

