



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 healthcare facility on demand at any time requested during normal business hours.

- **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
- **Department or unit:** Indicate area student will be located for clinical or precepted experience.
- **Student email (required):** Individual email is required for Epic
- **Phone Number:** A phone number is required for precepted students and optional for non-precepted students.
- **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 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: 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 mumps titer.
- 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 15th 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** 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
- **Forms A/B: Students are required to complete two FVHCA online orientation modules prior to clinical experience.** This annual requirement will be met by the students/faculty viewing the two online orientation modules, and completing the confidentiality agreement (FVHCA Form A), and the general on-line orientation form (FVHCA Form B). Please add those completion dates to the forms.
- **FVHCA Form C:** Students are required to complete a healthcare facility online/site specific orientation (Form C: Healthcare Facility Specific Orientation).
- **Graduation date:** Enter the anticipated graduation date. This assists facilities with records and computer access.
- **Aurora Clinical (Y/N):** Indicate if your clinical site is Aurora Health Care or not.
- **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 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.

