

**Post-Secondary Clinical Students Requirements**

Per Agreement and/or Policies

**Required documentation:**

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|--|--------------------------|
| 1. Signed Letter of Agreement between School and Novant and current Certificate of Insurance (verify on file)  | <input type="checkbox"/> |
| 2. Faculty/Student/School information sheet request and contact information  | <input type="checkbox"/> |
| 3. Signed confidentiality agreement (Non-Employed Worker packet)   | <input type="checkbox"/> |
| 4. Signed orientation/compliance roster (Non-Employed Worker packet)   | <input type="checkbox"/> |
| 5. Signed Tobacco Free Form (Non-Employed Worker packet)   | <input type="checkbox"/> |
| 6. Signed Education Experience Agreement   | <input type="checkbox"/> |
| 7. Training Modules Signed Certificate of Completion: Medication Safety Module   | <input type="checkbox"/> |
| 8. Immunization record (birth to present)  |                          |
| • MMR #1 #2 (or Rubeola, Rubella, and Mumps Titer)   | <input type="checkbox"/> |
| • Varicella #1 #2 or Varicella Titer   | <input type="checkbox"/> |
| • TB/PPD #1 #2 (within the last 12 months)   | <input type="checkbox"/> |
| • Hepatitis B (HepB) #1 #2 #3 or Hep BTiter  | <input type="checkbox"/> |
| • DPT #1 #2 #3 or Tdap   | <input type="checkbox"/> |
| • Flu Vaccine (October – March)  | <input type="checkbox"/> |
| 9. Criminal Background check (nationwide SS# trace, OIG, Sex Offender Register)  | <input type="checkbox"/> |
| 10. Drug Screening (12 panel)  | <input type="checkbox"/> |
| 12-panel drug screen: 1)AMP amphetamine 2)BAR barbiturates 3)BZP benzodiazepines, 4)COC cocaine 5)MDMA ecstasy 6)METH methamphetamines 7)MTD methadone 8)OPI opiates 9)OXY oxycodone 10)PCP phencyclidine 11)PPX propoxyphene 12)THC marijuana |                          |

**Students, \*NOTE: All of the required documentation must be submitted in one packet sent directly from the school. We are unable to process information sent by individual students.**