



To Whom It May Concern:

This letter is to confirm that \_\_\_\_\_ is a \_\_\_\_\_ at \_\_\_\_\_, and is considered to be in good academic standing, having completed all course work successfully to date, and is approved to begin their clinical rotations.

\_\_\_\_\_ has successfully completed training in HIPAA, OSHA, universal precautions, gowning/gloving, and BLS. A local, state and federal criminal background check and drug screen were conducted with no findings for abuse reported.

*Mississippi Nursing License Number (if applicable):* \_\_\_\_\_

#### Immunizations

Students are required to maintain current immunizations and immunity titer records while enrolled and have verification of annual TB testing and documentation of current season Influenza Vaccination or declination, available upon request.

#### Student Malpractice Insurance

\_\_\_\_\_ maintains medical professional liability coverage for all students collectively while performing duties during assigned clinical rotations. A Certificate of Insurance can be provided upon request.

Thank you.

Academic Institution Representative

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Affiliation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Submit to [amedina@mhg.com](mailto:amedina@mhg.com)