



118 North Hospital Dr.
 P.O. Box 580
 Abbeville, LA 70511-0580

LSU SRNA Clinical Checklist

Name: _____
 Phone: _____
 Position: _____

Start Date: _____
 End Date: _____
 Dept. _____
 School _____

*Please Sign & Return Checklist to HR

STUDENT REQUIRED DOCUMENTATION

*Student Name & Clinical start & end date.
 (Names should match Gov't Issued ID/DL)

* Submit picture for ID badge (NO filter)

AGH REQUIRED ACTION

Enter students into IT system--including clinical start & end date. Notify IC & Education.

IT submitted: _____ Completed: _____

Issue ID badge & Parking pass

*On the first day of Clinicals, before going to the department, please come to Human Resources to pick up your ID Badge & Parking pass.

Please return ID Badge to the Department Manager once clinicals are completed.

Human Resources Documents

Identification (State issued ID/DL - NOT expired)
 Background check
 Note from LSU Health with Clinical Dates
 Liability Insurance

Policies & Procedures - All pages signed/dated

Drug & Alcohol Policy
 Principles of Conduct
 Confidentiality Agreement
 Confidentiality - Personnel File
 Workforce Authorization Photos

Infection Control Documents

TB Skin Test (Must have administered date & time
and Result date & time)

Drug screen report - School has on file.
 Vaccination record

Varicella Form
 MMR Form
 Hep B Form

Covid Vaccinations (Not Required)

Flu Vaccinations or Exemption form
 (Seasonal: 10/01 - 3/31)

*** Education Documents* Review, Sign & Date all Forms.**

CPR Card & ACLS (American Heart Association)
 PALS
 Orientation packet - Agreement & Checklist
 National Patient Safety Goals
 Privacy Training Certificate, Standards of Behavior
 Certification & Agreement of Compliance
 Computer Use & User Agreement

Human Resources Documents

Identification(State issued ID/DL)
 Background check
 LSU Note - Clinical Dates
 OIG Search _____ LSBN (Verification) _____
 Contract Verification (Agreement/Liability)

Policies & Procedures

Drug & Alcohol Policy
 Principles of Conduct
 Confidentiality Agreement
 Confidentiality - Personnel File
 Workforce Authorization Photos

Infection Control Documents

TB Skin Test (Must have administered date & time
and Result date & time)

Drug screen report
 Vaccination record

Varicella Form
 MMR Form
 Hep B Form

Submit Covid vaccination (Not a Requirement)

Submit FLU vaccination or Exemption form

Education Documents

CPR Card _____ ACLS _____
 PALS _____
 Orientation packet - Agreement/Checklist _____
 NPSG _____ Glucose Exam _____
 Privacy Training, Standards of Behavior _____
 Certification & Agreement of Compliance _____
 Computer Use & User Agreement _____

Preparer Signature/Date

AGH Authorized Representative Signature/Date