Our Lady of the Angels

Clinical Education

Required Regulatory Attestation for Clinical Affiliates

The following information must be provided to Clinical Education at OLOA at least ten (10) business days <u>PRIOR TO</u> the beginning of the rotation/on-site practicum/preceptorship/fieldwork experience. Students may not begin their rotation with expired or missing requirements. Agency/School must maintain back-up documentation of all items listed on the attestation form. This information must be made available upon request.

School Name:	Rotation/Semes	Rotation/Semester: Course Coordinator:							
Site/Unit/Department:	Course Coordin								
Course Instructor:	Instructor Phon	Instructor Phone:			Instructor Email:				
	1	Required Regulat	ory Attestations/Verification	n Checklist					
tudent Name	*Current employees are not required to complete the verification checklist. Please mark N/A next to remaining items if providing an Employee ID.	Current BLS Card (if applicable) Expiration Date	Health Clearance MMR/Rubella & rubeola titer, Varicella titer/HX, Tetanus, Hep B vaccination (1st, 2nd, 3rd) YES/ NO	TB Skin Test (within the past 12 months) Date Read	Flu vaccination (seasonal) Date Last Received/ Exemption*	COVID-19 vaccination Date Last Received/ Exemption*	Passed drug screen Date Performed	Background Check Date Performed	
Flu and COVID-19 V	Vaccination* - If exempt, exemption for	orm must be submit	ted with completed attestation	form. The stude	nt must wear a su	rgical or N95 ma	ask at all times.		
Signature of Safety Office/	Affiliate Representative:				D	Oate:			
Print Name:			Title:						