**Required Regulatory Information Form**

The following information must be provided to OLOA Clinical Education **at least ten (10) business days PRIOR TO the beginning of the clinical rotation/on-site practicum/preceptorship/fieldwork experience**. **Students may not attend clinical or clinical orientation with expired requirements.**

Agency/School must maintain back-up documentation of all items listed on the attestation form. This information must be available upon request.

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| **School Name:** | **Rotation/Semester:** | **Rotation Start/End Dates:** |
| **Clinical Site/Dept:** | **Course Coordinator:** | **Course Name:** |
| **Course Instructor:** | **Instructor Phone:** | **Instructor Email:** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name** | **BLS Card**CurrentExp Date | **Health Clearance:**• MMR/Rubella Rubeola Titer• Varicella Titer/Hx• Hep-B Series/Titer/Declination• Tetanus• T-Dap**Yes/No** | **TB Skin Test**(Neg -)Date Read | **Flu Vaccine**(seasonal)Date Received | **Drug Screen**(Passes)Date Performed | **Background Check**Date Performed | **COVID Vaccine**Date Received |
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**Your signature indicates that the above information has been verified and is available in your files and available to us on request.**

**Course Coordinator/Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**