

CAMPUS: UPMC Pinnacle [Hospital]

Date:
School:
Program (and grade level):
Semester Inclusive Dates: Start Date: End Date:
Instructor/Advisor:
Phone:
Email:
Expected Graduation Date:
Information Verified By:
Phone:
Email:

The party verifying this information confirms that student(s) named below (add lines if needed) have submitted the listed requirements and that documentation of each is on file at the school. After receipt of this completed document, the student(s) will be eligible to participate in a clinical experience at a facility of the UPMC Pinnacle Hospitals, Pinnacle Health Medical Services, Pinnacle Health Cardiovascular Institute, Inc and/or Pinnacle Health Medical Group, Inc

1. Health Requirements: physical exam and health screenings **within 1 year prior** to the start of the experience
 - a. physical exam verifying student is physically able to participate in the program
 - b. 10 Panel Urine Drug Screen
 - c. PPD **annually**
 - d. Recommended immunizations: MMR immunization or titer, Varcella Immunization or titer, Tdap, Hepatitis B
 - e. Flu Vaccine required annually for *experiences between October 1st and March 31st*
2. Satisfactory background checks completed within **1 year prior** to start of the experience at UPMC Pinnacle:
 - a. Pennsylvania Criminal History Record Check
 - b. Pennsylvania Child Abuse History Record Check - DPW
 - c. Federal Criminal Background Report – IdentoGo
3. Current BLS
4. Health Insurance (student notified of financial responsibility for services if no insurance)
5. Liability Insurance, professional when applicable
6. Current PA RN license (if applicable)

	Student Last Name	Student First Name	Clinical Site(s)/Preceptor	Hours Required
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				