



North Carolina Consortium for Clinical Education and Practice PASSPORT

Student Annual Orientation Checklist

Updated November 16, 2022

Name:
Email:
School Program:
School Faculty/Clinical Director Name & Email:
School Contracted Vendor:
Agency/Unit/Preceptor/Supervisor:
Start/End Dates of Rotation:
Graduation Date:

I. Universal Credentialing Requirements (for the Passport)

| | |
|---|--|
| 1. AHA BLS – Provider – CPR Training | Expiration Date: |
| 2. Professional Liability Insurance | By School: <input type="checkbox"/> Individual: <input type="checkbox"/> |
| 3. Criminal Background Check | Date Completed: |
| 4. Drug Screen (urine) | Date Completed: |
| 5. Required Immunizations: | <i>See attached guidelines (per CDC recommendations)</i> |
| Measles (2 doses or positive titer) | Date(s) Completed: |
| Mumps (2 doses or positive titer) | Date(s) Completed: |
| Rubella (2 doses or positive titer) | Date(s) Completed: |
| Varicella (2 doses or positive titer) | Date(s) Completed: |
| Tetanus/Diphtheria (Td/Tdap) | Date(s) Completed: |
| Hepatitis B (HBV) Series or Heplisav-B (2 doses 4 weeks apart) | Date(s) Completed or Signed Declination: |
| COVID-19 Vaccinations & Boosters per academic or clinical facility requirements. | Manufacturer, Lot # & Date(s) Completed: |
| Influenza (<i>annual, Fall</i>) | Date Completed: |
| Tuberculosis Screening Preplacement https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm | Date TB Risk Assessment Completed: Dates TB Skin Test or Blood Test Completed & Read/Result: |

II. Additional Credentialing Requirements

| | |
|----------------------------------|-----------------|
| Core Orientation | Date Completed: |
| Agency-Specific Requirements | Date Completed: |
| Health Insurance (if applicable) | Provider Name: |

“By my signature below, I certify the information I provide on and in connection with this form is true, accurate, and complete to the best of my knowledge. I am aware of the academic consequences of false or omitted information as grounds for disqualification or dismissal from the educational experience.”

Student Signature: _____ Date: _____

North Carolina Consortium for Clinical Education & Practice
 Student Annual Orientation Checklist - *Adapted from Eastern CCEP*

The elements as specified here on the *CCEP Clinical Passport* document serve as the minimum requirements for health science student participation in a clinical setting of the participating agencies. This list represents the highest standards as evaluated by the CCEP Committee. Note that clinical agency contracts may specify additional requirements based on the areas in which students are placed, or regulations established by that agency or health system. <https://www.cdc.gov/vaccines/schedules/index.html>

Universal Credentialing Requirements (for the PASSPORT)

| | |
|--|---|
| 1. AHA BLS – Provider – CPR Training (if applicable) | Approved course is American Heart Association Basic Life Support Provider course |
| 2. Professional Liability Insurance | Per agency contractual agreement requirement (Minimum of \$1 million per incident and \$3 million aggregate) |
| 3. Background Check <ul style="list-style-type: none"> • Social Security Number Trace • NC Statewide Criminal Record Search (7 years) • County Court Criminal Conviction Search (7 years) (if resided outside of NC) • National Sex offender Database Search • Office of Inspector General (OIG) • Office of Foreign Assets Control (OFAC) • General Services Administration (GSA) <i>Note: The assigned agency does not arrange nor cover the cost of this screening.</i> | Once per program admission and progression Repeat for: <ul style="list-style-type: none"> ➤ Per agency contractual agreement requirement ➤ Readmission ➤ Transfer from another school or from one program to another with same school ➤ Students must notify school if there has been a change in status including charges or convictions within 5 days per academic policy |
| 4. Drug Screen (urine) Once per program admission and progression and/ or with cause. Must repeat for readmission or program transfer. <i>Note: UNC Hospitals require an * expanded drug screen (see clinical agreements/contract for requirements).</i> | Amphetamine, Methamphetamine, Barbiturates, Benzodiazepines, THC, Cocaine, Opiates, Methadone, Oxycodone, Propoxyphene, PCP, MDMA (Ecstasy) * Fentanyl, Methaqualone, Phencyclidine, Marijuana Metabolite, Extended Opiates are defined as codeine, hydrocodone, hydromorphone, morphine, oxycodone, and oxymorphone. |
| 5. Required Immunizations: | <i>Current CDC recommendations</i> |
| Type: | Requirement: |
| ✓ Measles | ✓ 2 doses or positive titer |
| ✓ Mumps | ✓ 2 doses or positive titer |
| ✓ Rubella | ✓ 2 doses or positive titer |
| ✓ Varicella | ✓ 2 doses or positive titer |
| ✓ Tetanus/Diphtheria/Tdap | ✓ 1 dose Tdap, then Td booster every 10 yrs |
| ✓ Hepatitis B (HBV) Series | ✓ Energix-B or Recombivax B (3 doses or positive titer) If incomplete series, then ✓ HEPISAV-B (2 doses 4 weeks apart) <i>Note: For declination or waiver, a copy must be on file at the school and/or be approved by the facility or agency.</i> |
| ✓ COVID-19 - Manufacturer, Lot #. & Date given | ✓ Follow academic program policies and the clinical agency requirements. Include documentation with name of manufacturer, lot #, and date given. |
| ✓ Influenza | ✓ Annual- Fall See Academic/Agency guidelines “Optimally, vaccination should occur before onset of influenza activity in the community. Health care providers should offer vaccination by the end of October” on the Influenza Vaccination Information for Health Care Workers’ page. https://www.cdc.gov/flu/professionals/healthcareworkers.htm |
| <ul style="list-style-type: none"> ✓ Tuberculosis Screening Preplacement https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm • Baseline Individual TB Risk Assessment including TB symptom evaluation, and either a 2-step TB skin test (given 1-3 weeks apart) or a TB blood test within 12 months of program admission or readmission. If a student has had a positive TB skin test in the past, such as due to TB exposure/infection or receiving the BCG vaccine, documentation of a chest x-ray for the + test will be required along with the Baseline Individual TB Risk Assessment and TB symptom evaluation. • Students are no longer required to get annual TB skin tests unless there is a known exposure or ongoing transmission at a healthcare facility. • Students will receive annual TB education via the Core Orientation | <ul style="list-style-type: none"> ✓ Baseline Individual TB Risk Assessment ✓ Baseline TB Symptom Assessment ✓ 2-step TB skin test (given 1-3 weeks apart) OR TB Blood Test within 12 months of program admission or readmission ✓ Documentation of a chest x-ray is required for a past + PPD or blood test. If current +PPD or blood test, additional evaluation for TB disease will be required as deemed necessary from a healthcare provider. ✓ Annual TB education and risk assessment/attestation |

Must complete Core Orientation and Agency Specific Requirements in addition to the requirements listed here.

Official documentation of all requirements must be kept by the school program or by the vendor contracted for electronic documentation. Updated November 16, 2022.