

from the educational experience."

Student Signature: ___

North Carolina Consortium for Clinical Education and Practice PASSPORT

Student Annual Orientation Checklist *Updated January 24, 2025*

Name: Email: School Program: School Faculty/Clinical Director Name & Email:	
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I. Universal Credentialing Requirements (for the Passport)	
1. AHA BLS – Provider – CPR Training	Expiration Date:
2. Professional Liability Insurance	By School: Individual:
3. Criminal Background Check	Date Completed:
4. Drug Screen (urine)	Date Completed:
5. Required Immunizations:	See attached guidelines (per CDC recommendations)
Measles (2 doses or positive titer)	Date(s):
Mumps (2 doses or positive titer)	Date(s):
Rubella (2 doses or positive titer)	Date(s):
Varicella (2 doses or positive titer)	Date(s):
Tetanus/Diphtheria/Pertussis	Date(s):
Hepatitis B (HBV) Series or Heplisav-B (2 doses 4 weeks apart)	Date(s) or Signed Declination:
Influenza (annual, Fall)	Date:
Tuberculosis Screening Preplacement	Dates Two Step TB Test: Result:
https://www.cdc.gov/tb-healthcare-settings/hcp/	-OR-
screening-testing/baseline-testing.html	Date Blood Test Result: Result:
Additional Vaccinations & Boosters per academic or clinical facility (e.g., Covid)	Manufacturer, Lot # & Date(s):
II. Additional Credentialing Requirements	
CCEP Core Orientation	Annual Date Completed:
Agency-Specific Requirements	Annual Date Completed:
Health Insurance (if applicable)	Provider Name:
"By my signature below. I certify the information I provide on and in con	nection 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

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/hcp/imz-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 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) Note: The assigned agency does not arrange nor cover the cost of this screening. 	Once per program admission and progression Repeat for: 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. Note: UNC Hospitals require an * expanded drug screen (see clinical agreements/contract for requirements).	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:	Current CDC recommendations
Туре:	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 ✓ Heplisav-B (2 doses 4 weeks apart) Note: For declination or waiver, a copy must be on file at the school and/or be approved by the facility or agency.
✓ 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/prevention/index.html
 ✓ Tuberculosis Screening Preplacement - https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/baseline-testing.html ● 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 not required to get an annual TB skin test unless there is a known exposure or ongoing transmission at a healthcare facility. ● Students will receive annual TB education via the CCEP Core Orientation. 	 ✓ Annual Baseline TB Risk and Attestation ✓ 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 through CCEP Core Orientation ✓ TB risk assessment and attestation
✓ Additional Vaccines (e.g., Covid) Must complete CCEP Core Orientation and Agency Specific F	 ✓ Follow academic program policies and the clinical agency requirements. Include documentation with name of manufacturer, lot #, and date given.

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