



FACULTY & NURSING STUDENT REQUIRED INFORMATION

School **Program Type** **Course** **Assigned Unit** **Day/Time** **Start/End Date**

The school is expected to have on file documented proof of the health status of each student and faculty, including examination and documentation from a physician that they are free of communicable disease, have liability insurance coverage, and a current CPR Healthcare Provider card. The school is expected to provide HIPAA education and instruct all students who have contact or potential exposure to blood borne pathogens in the principles of standard precautions. *Each student (including faculty) shall be certified in the demonstration of the Sure Step Flex equipment.

The following individuals have read the Baptist Hospital *Handbook for Nursing Student Practice* and agree to adhere to all Baptist Hospital regulations, policies, confidentiality, and HIPAA guidelines.

Instructor: _____ **License #** _____ **Telephone (H)** _____ **(W)** _____
E-mail _____ **Include a copy of RN license, CPR card, CV, PPD, & Hep. B dates.**

Instructor/Coordinator Signature:											
Faculty/Student Name Last, First	Home Phone	CPR Exp. Date	Sure Step Flexx Certified	TB		MMR Dates	VARICELLA		HEPATITIS "B"		HIPAA BH Education Date
				PPD	X-ray Date		History Dates	Titer Dates	Vaccine Dates	Declined Dates	
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