

AFFINITY HEALTH SYSTEM
CLINICAL PLACEMENT APPROVAL FORM

School	Semester	Year
Contact Person/Instructor	Phone No. and Email Address	
Placement Facility	Date(s)	Unit

Note: Student forms must be submitted prior to scheduled student orientation. Any student forms missing or incomplete will result in the student being denied access to the facility's campus until all paper work is complete.

Student Names (Middle Initial also and Home Telephone Number and Email address)	Type of Student (OT,PT, NRSNG, etc.)	Start Date	End Date	CPR (Date Taken)	CPR (Card Good Until What Date)

My signature verifies for each of the above students listed the following:

- 1) The attached "Student Health Requirement Report form" immunization information signed by our school nurse, is accurate and on file within our institution.
- 2) The above student(s) is eligible for clinical placement in a healthcare setting.
- 3) I have verified that the students listed above have had a Background Information Disclosure (BID) form and caregiver check completed prior to clinical placement with Affinity Health System. Any students BID or Caregiver check on which the student or state has indicated a criminal charge pending or recorded will be reviewed by the H.R. Director prior to the student's placement.
- 4) BLS **must** be valid the entire time during the student clinical experience. This applies to all students with direct patient contact with the exception of CNA students. Affinity Health System will accept American Heart Association Healthcare Provider or Red Cross Professional Rescue CPR cards if they have included instruction in Infant, Child and Adult CPR skills. (They do not need AED training).
- 5) All of the above students have successfully completed all of the school prerequisites for participation in clinical education experience. Option: School can provide an outline of these prerequisites for AHS files.

Program Director/Counselor/Instructor Signature	Date
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