

Clinical Placements Northwest Collaborative Student/Faculty Clinical Passport Requirements	Student/Faculty Name (include middle initial):
	College: Program:
	These requirements are in place for the health and safety of students, faculty and their patients.
By contract with your academic institution, all students and faculty participating in patient care experiences must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met prior to participation in patient care/clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. <i>Documentation must meet requirements at all times.</i> Required immunizations must include mm/dd/yyyy if available.	
SUBMITTED ONCE	SUBMITTED EVERY YEAR
TUBERCULIN STATUS <ul style="list-style-type: none"> ▪ If no previous records or more than 12 months since last TST → 2 step TST OR ▪ QuantiFERON (QFT) TB Gold test within 12 months OR ▪ If negative TST within 12 months → one step TST OR ▪ If newly positive TST → F/U by healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire ▪ If history of positive TST → provide documentation of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check OR ▪ If history of BCG vaccine → QFT. If negative → OK; If positive → do Chest X-Ray HEPATITIS B <ul style="list-style-type: none"> ▪ Series of 3 vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion ▪ If negative titer, then repeat series (consisting of doses 4-6) and repeat titer 6-8 weeks after #6 dose. OR ▪ Provide documentation of positive titer (anti-HBs or HepB SAb) OR ▪ IF post vaccination titer is not completed 6-8 weeks after series completion - repeat Series of 3 vaccines (doses #4 - #6) & obtain post vaccination titer at 6-8 weeks after series #2 completed. ▪ Signed declination for students/faculty who decline vaccination <i>Specific healthcare institutions may require vaccination without exception (i.e., no declination)</i> MMR (Measles, Mumps, Rubella) <ul style="list-style-type: none"> ▪ Proof of immunity by titer OR ▪ Proof of vaccination (2 doses at appropriate intervals) VARICELLA (Chicken Pox) <ul style="list-style-type: none"> ▪ Proof of immunity by titer OR ▪ Proof of vaccination (2 doses at appropriate intervals) TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) <ul style="list-style-type: none"> ▪ Tdap required once ▪ Td required every 10 years after Tdap CPR <ul style="list-style-type: none"> ▪ American Heart Association BLS Healthcare Provider Certificate AUTHORIZATION FOR RELEASE OF RECORD	TUBERCULIN STATUS <ul style="list-style-type: none"> ▪ Annual TST OR ▪ Annual QuantiFERON TB Gold test OR ▪ If newly positive TST results → F/U with healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and may need to complete health questionnaire. ▪ Previously documented +TST results and prior negative chest X-ray results: submit annual symptom check completed within one year from healthcare provider INFLUENZA <ul style="list-style-type: none"> ▪ Proof of seasonal vaccination(s) OR ▪ Signed declination for student/faculty who decline vaccination <i>Specific healthcare institutions may require vaccination without exception (i.e., no declination)</i> BACKGROUND CHECKS <ul style="list-style-type: none"> ▪ National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/readmission and reentry/hire to program to include all counties of residence, all Washington State counties per RCW 43.43.830 and OIG and GSA screens. Excluded provider search on OIG http://exclusions.oig.hhs.gov/ GSA http://www.sam.gov ▪ Washington State Patrol Background Check (WATCH) annually thereafter LICENSE (if faculty licensed or certified as any healthcare provider (RN, LPN, NAC, etc in Washington State) <ul style="list-style-type: none"> ▪ Current ▪ Unencumbered INSURANCE <ul style="list-style-type: none"> ▪ Professional Liability \$1,000,000/3,000,000 policy ADDITIONAL REQUIREMENTS (if applicable) <i>Some healthcare settings may have additional requirements, such as the following:</i> <ul style="list-style-type: none"> ▪ Vehicle Insurance (for access to VA & Military Facilities) ▪ Personal Health Insurance ▪ Drug Screen ▪ Hepatitis A Vaccine ▪ Current First Aid Card ▪ Proof of U.S. Citizenship ▪ Color Vision Test ▪ Food Handlers License
REQUIRED EDUCATION <i>EACH HEALTHCARE INSTITUTION WILL COMMUNICATE TO FACULTY AND STUDENTS ANY REQUIRED EDUCATIONAL CONTENT TO BE COMPLETED PRIOR TO PARTICIPATING IN PATIENT CARE.</i> <i>STUDENTS AND FACULTY IN CLINICAL PLACEMENT CONSORTIUM # 1(CPC1) AND INLAND NORTHWEST CLINICAL PLACEMENT (INCPC) CONSORTIUMS WILL ACCESS STUDENT LEARNING MODULES ONLINE. PLEASE REFER TO PASSPORT COVER LETTER FOR INFORMATION. IF ANY QUESTIONS, PLEASE CONSULT YOUR PROGRAM.</i>	<i>Students and Faculty will be informed prior to clinical experience if optional or additional requirements need to be met.</i>

