

**LIST OF REQUIRED DOCUMENTATION FOR  
CLEARANCE**

Preceptorship Agreement including Student Signature and College/University Representative Signature
Surgical Services Signature If applicable
Letter of Good Standing
Student CV / Resume
<b>Medical Clearance:</b>
MMR 2 vaccines or positive titer
Varicella – 2 vaccines or positive titer
PPD – within past 12 months
TDAP – within past 10 years
Flu Vaccine (October – April)
Background Check Minimum of county records (can be copy upon entry into program)
Drug Screen – 9 panel Within past 12 months
CPR (BLS)
Student ID
Student Driver's License
Nursing License (If Applicable) Advanced Practice Nursing Students
IT Request for Sign-On
IT Acceptable Use Policy Consent