

Check List for Clinical Requirements

Student Name: _____

School and Discipline: _____

Preceptor (if applicable): _____

- Signed documents:
 - HIPAA – Confidentiality of Protected Health Information, *Attachment 'E'*, signed by student
 - HIPAA – Confidentiality of Protected Health Information Supplemental Form, initialed and signed by student
 - MH Confidentiality Acknowledgement, signed by student
 - HIPAA and Security Student Completion Verification, signed by student
 - Acknowledgement of Standards of Conduct and False Claims Policies, signed by student
 - Student Attestation to Core Expectations, signed by student
 - Joint Commission National Patient Safety Goals & Acknowledgement, signed by student
 - MH Requirements for Clinical Placement, signed by student
- Care 4 password request **submitted by the school/institution or student, electronically, non-PDF**
- Standard Verification **submitted by the school/institution, electronically, non-PDF**
 - Student name
 - Verification of immunizations (Hepatitis B, MMR, Varicella, Tdap (tetanus, diphtheria/acellular pertussis)
 - Annual TB
 - Background check
 - Exclusion lists (3 links included with searchable fields to complete)
 - CPR (must be current throughout clinical rotation)
 - Malpractice Insurance
- Vaccine – QPSIC Flu Registration (required if clinical assignment falls within date range 9/16-3/31) **submitted by the school/institution, electronically, non-PDF**
- Proof of licensure (if licensed discipline)
- Third Party Signature Addendum (if applicable)
- UT Supervision Agreement (if applicable)
- If not granted Care4 Access***, submission of HIPAA quizzes' answer sheet and attestation
- If granted Care4 Access***, PiL transcript showing successful completion of HIPAA modules