

**Children's National Medical Center  
Nursing Education & Professional Development (NEPD)  
Nursing Academic Affiliations  
Graduate Student Requirements**

**CNMC EMPLOYEE:** ☐ YES (If YES, please complete section below) ☐ NO

|   |               |   |  |  |
|---|---------------|---|--|--|
| <b>STUDENT NAME:</b>  |               |   |  |  |
| <b>SCHOOL NAME:</b>   |               |   | <b>ANTICIPATED START DATE:</b>   |  |
| <b>HEALTH REQUIREMENTS</b>  |               |   |  |  |
| <b>MMR:</b>   | <b>HEP-B:</b> | <b>VARICELLA:</b>                               | <b>INFLUENZA:</b>  | <b>PPD/CXR:</b>                            |
| <b>OTHER REQUIREMENTS</b>   |               |   |  |  |
| <b>BACKGROUND CHECK:</b>  |               |   | <b>CPR EXPIRATION DATE:</b>  |  |
| <b>RN LICENSE NUMBER:</b>   |               |   | <b>STATE ISSUING:</b>  |  |
| <i>*Student must present license from state in which they will be doing preceptorship</i>                 |               |   |  |  |
| <b>ORIENTATION REQUIREMENTS/ FORMS</b>  |               |   |  |  |
| <b>DATE OF ATTENDANCE:</b>  |               |   |  |  |
| <b>ORIENTATION BROCHURE ACKNOWLEDGEMENT</b>   |               | <b>CONTRACT STAFF CONFIDENTIALITY AGREEMENT</b> |  | <b>PRIVACY &amp; HIPAA ACKNOWLEDGEMENT</b> |
| <b>TESTS</b>  |               |   |  |  |
| <b>SAFETY QUIZ</b>  |               |   | <b>MEDICATION TEST</b>   |  |
| <b>CBT/COMPUTER ACCESS</b>  |               |   |  |  |
| <b>CHEX</b>   |               | <b>CERNER</b>                                   |  | <b>UNIT-REQUIRED CBT</b>                   |
| <b>LAST 5 DIGITS OF SSN:</b>  |               |   | <b>E-WORK ACCESS REQUESTED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO       |  |
| <b>CHEX PASSWORD:</b>   |               |   | <b>ISSUED TO STUDENT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO             |  |
| <b>OTHER COMPUTER ACCESS GRANTED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (SPECIFY): |               |   |  |  |
| <b>OTHER COMPUTER ACCESS GRANTED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (SPECIFY): |               |   |  |  |
| <b>OTHER</b>  |               |   |  |  |
| <b>CONTACT INFORMATION SHEET COMPLETE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO       |               |   | <b>PRECEPTOR ACCEPTANCE RECEIVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| <b>ID BADGE FORM GIVEN TO STUDENT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO           |               |   |  |  |

|   |  |   |   |                          |
|---|--|---|---|--------------------------|
| <b>CNMC EMPLOYEES ONLY</b>  |  |   |   |                          |
| <b>SCHOOL NAME:</b>   |  |   | <b>ANTICIPATED START DATE:</b>  |                          |
| <b>CURRENT DEPARTMENT:</b>  |  | <b>CAMPUS:</b>  | <b>WORK PHONE:</b>  |                          |
| <b>HEALTH REQUIREMENTS</b>  |  |   |   |                          |
| <b>INFLUENZA DATE:</b>  |  |   | <b>PPD/CXR DATE:</b>  |                          |
| <b>OTHER REQUIREMENTS</b>   |  |   |   |                          |
| <b>CPR EXPIRATION DATE:</b>   |  |   | <b>CHEX Completion Verified:</b>  |                          |
| <b>RN LICENSE NUMBER:</b>   |  |   | <b>STATE ISSUING:</b>   |                          |
| <i>*Student must present license from state in which they will be doing preceptorship</i>                 |  |   |   |                          |
| <b>CBT/COMPUTER ACCESS</b>  |  |   |   |                          |
| <b>CHEX</b>   |  | <b>CERNER – Do you already have Cerner access</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO |   | <b>UNIT-REQUIRED CBT</b> |
| <b>E-WORK ACCESS REQUESTED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO                  |  |   | <b>REQUIRED PASSWORDS ISSUED TO STUDENT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO |                          |
| <b>OTHER COMPUTER ACCESS GRANTED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (SPECIFY): |  |   |   |                          |
| <b>OTHER COMPUTER ACCESS GRANTED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (SPECIFY): |  |   |   |                          |
| <b>OTHER</b>  |  |   |   |                          |
| <b>CONTACT INFORMATION SHEET COMPLETE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO       |  |   | <b>PRECEPTOR ACCEPTANCE RECEIVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO        |                          |