Children's National Medical Center
Nursing Education & Professional Development (NEPD)

Nursing Academic Affiliations
Senior Practicum Student Requirements

STUDENT NAME:		**CNMC EMPLOYEE:** ☐ YES ☐ NO (If YES, please see below)		
SCHOOL NAME:		**ANTICIPATED START DATE:**		
HEALTH REQUIREMENTS (School may send attestation)				
MMR:	**Hep-B:**	**VARICELLA:**	**INFLUENZA:**	**PPD/CXR:**
OTHER REQUIREMENTS				
BACKGROUND CHECK (Must include 7-year screening with SSN, NSOPW report and OIG report):				
CPR EXPIRATION DATE (Validated by card or school attestation):				
ORIENTATION REQUIREMENTS/ FORMS				
DATE OF ATTENDANCE (Mandatory):				
ORIENTATION BROCHURE ACKNOWLEDGEMENT ☐		**CONTRACT STAFF CONFIDENTIALITY AGREEMENT** ☐		**PRIVACY & HIPAA ACKNOWLEDGEMENT** ☐
TESTS				
SAFETY QUIZ		**MEDICATION TEST**		
CBT/COMPUTER ACCESS				
CHEX		**CERNER** *(Access for current semester only):*	**UNIT-REQUIRED CBT**	
LAST 5 DIGITS OF SSN:		**E-WORK ACCESS REQUESTED:** ☐ YES ☐ NO		
CHEX PASSWORD:		**ISSUED TO STUDENT:** ☐ YES ☐ NO		
OTHER COMPUTER ACCESS GRANTED: ☐ YES ☐ NO (SPECIFY):				
OTHER COMPUTER ACCESS GRANTED: ☐ YES ☐ NO (SPECIFY):				
OTHER				
CONTACT INFORMATION SHEET COMPLETE: ☐ YES ☐ NO		**PRECEPTOR ACCEPTANCE RECEIVED:** ☐ YES ☐ NO		
ID BADGE FORM GIVEN TO STUDENT: ☐ YES ☐ NO (ID's may be obtained from Parking Office near ER).				

CNMC EMPLOYEES ONLY			
SCHOOL NAME:		**ANTICIPATED START DATE:**	
CURRENT DEPARTMENT:	**CAMPUS:**		**WORK PHONE:**
HEALTH REQUIREMENTS			
INFLUENZA:		**PPD/CXR:**	
OTHER REQUIREMENTS			
CPR EXPIRATION DATE:		**CHEX Completion Verified:**	
CBT/COMPUTER ACCESS			
CHEX	**CERNER – Do you already have Cerner access** ☐ YES ☐ NO		**UNIT-REQUIRED CBT**
E-WORK ACCESS REQUESTED: ☐ YES ☐ NO		**REQUIRED PASSWORDS ISSUED TO STUDENT:** ☐ YES ☐ NO	
OTHER COMPUTER ACCESS GRANTED: ☐ YES ☐ NO (SPECIFY):			
OTHER			
CONTACT INFORMATION SHEET COMPLETE: ☐ YES ☐ NO		**PRECEPTOR ACCEPTANCE RECEIVED:** ☐ YES ☐ NO	
SCHOOL FACULTY ONLY			
Date of Orientation:	**CV Received:** ☐ YES ☐ NO	**RN License #:**	**State:** **Exp:**

A copy of this form should be presented to the unit's Clinical Educator confirming that all of the above requirements have been met.