



Student/Instructor Attestation Sheet for Clinical Rotations

Please indicate the campus for the clinical rotation: **Baptist** **Baton Rouge** **Elmwood** **Jefferson Hwy** **Kenner** **Northshore** **St Anne** **Westbank** **Other**

Name of School: _____

Clinic **Clinic Site:** _____

Program Type: Nursing: MA LPN ADN BSN MSN/MN Allied Health (program): _____ Other: _____

Inclusive Dates of Clinical Rotation: _____ to _____ Clinical Unit/Department: _____

Please complete the following grid. A check mark indicates compliance. This form must be submitted to the UGME department PRIOR TO beginning the clinical rotation. School will maintain documentation for ALL items listed, which are included in the current Affiliation Agreement between Ochsner and School. Per Agreement, this information must be available upon request.

Name of Student /Instructor	OIG/GSA Verification	Current BLS (AHA) For all clinical rotations	Does student have Current Health Insurance Coverage ¹	Proof of Negative TB test or Health Screen Form (within 12 months)	MMR x2 or Positive Titer: Rubella	MMR x2 or Positive Titer: Mumps	MMR x2 or Positive Titer: Measles	Varicella X2 or Positive Titer: Chicken Pox	Hepatitis B Vaccine Complete or Titer showing immunity or declination form signed	Drug Screen completed (cleared and appropriate to work in Hospital Setting)	Negative Background Check (cleared and appropriate to work in Hospital Setting) Student	Checked Sexual Offender Registry for the Student's state of clinical rotation & state residency. (cleared and appropriate to work in Hospital Setting)	Current Influenza Vaccination Must have received prior to Spring rotation	Current Nursing License for State of Clinical Site
	(√)	(√)	(Y/N)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√) or N/A

I acknowledge and attest that we own, and have in our possession, the above documentation and reports. I also acknowledge and agree to regular compliance audits by Ochsner Health System to ensure documentation is available upon request. By the execution hereof, School hereby warrants and confirms to Ochsner the accuracy of the information provided above as of **Date:** . **By:** _____ **Title:** _____

¹ Ochsner requires health insurance.