



Health Sciences & University Programs Clinical Requirements Checklist – Nursing/Dental Hygiene/PTA

Last Reviewed & Revised 10/5/2020

Name _____

SC STUDENT ID# _____

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|---|---|
| <input type="checkbox"/> Associate Degree Nursing | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Vocational Nursing |
| <input type="checkbox"/> Nurse Assistant/Home Health Aide | |

Directions: Complete all the sections below and turn into the Health Sciences Division Office along with a copy of your official documentation. **Student is to record information on this checklist. (This form is a reporting document for Shasta College Health Sciences -- Not intended to be an official record from healthcare provider). Official documentation must be attached.**

CPR Certification - must show documentation of current certification in:

<p>Basic Life Support (BLS) for the Healthcare Professional including Adult, Child & Infant Resuscitation and two-person rescue.</p> <ul style="list-style-type: none"> Certification must have American Heart Association (AHA) emblem. 	<p>Expiration Date: _____</p>
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Tuberculosis Screening - must show documentation of one (1) of the following:

<p>A. Two negative TB skin tests (PPD) results. 1st PPD must be completed within 12 months prior to program start date. 2nd PPD must be within 6 months prior to program start date. OR</p>	<p>Date # 1 _____ Result _____ Date # 2 due with Page 2 Check-off List or Part 2 Pre-Enrollment Packet</p>
<p>B. If PPD is positive or there is a history of positive PPD, there must be a record of a negative Quantiferon Gold TB test within the past year or chest X-ray within the past 2 years. OR</p>	<p>STUDENT AND HEALTHCARE PROVIDER TO COMPLETE THE CONFIDENTIAL TB QUESTIONNAIRE FORM</p>
<p>C. If applicant has previously had the BCG vaccination, they may be eligible to take the Quantiferon Gold TB Test. (Please contact the Health Sciences office for more information.)</p>	<p>STUDENT AND HEALTHCARE PROVIDER TO COMPLETE THE CONFIDENTIAL TB QUESTIONNAIRE FORM</p>

Influenza – to be obtained annually during the recommended flu season (September through April)

<p><i>If you are starting in January/March (spring) OR October (fall):</i> Show documentation of receiving one dose of the influenza vaccine.</p> <p><i>If you are starting in the August (fall):</i> You will be notified when to obtain the influenza vaccine by HSUP staff. No documentation needed at this time.</p>	<p>Date _____</p>
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CNA Certification – must show documentation of current certification (only of current CNAs applying to just the Home Health Aide (HHA) portion of the course):

<p>Current Nurse Assistant Certification from the California Department of Public Health (CDPH)</p>	<p>Expiration Date _____</p>
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Student Statement: I hereby certify that all materials presented and all statements made are true and correct. I authorize investigation of all records submitted and am prepared to provide original documentation when requested. I understand that any misrepresentation of material facts may be cause for immediate disqualification and removal from the program.

Signature of Applicant: _____ Date: _____

For Health Sciences Division Use Only

Date Received: _____

Documentation verified by: _____

Notes: _____