

STUDENT CHECKLIST

Name _____

Rotation _____ Preceptor _____ Start _____ End _____

Rotation _____ Preceptor _____ Start _____ End _____

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Application (1 for each requested rotation) _____

BLS or ACLS* _____

Immunizations _____

COVID Vaccine _____

2 Step TB & Flu* _____

10 Panel Drug Screen* _____

Letter of Good Standing _____

Malpractice letter _____

State & Federal Background Check* _____

Picture for Badge _____

Affiliation Agreement _____

NPDB Query (completed by Med Ed) _____

Housing Requested (if applicable) _____

Orientation Scheduled _____

- Respiratory Mask Fit Test
- OR Orientation (if applicable)

Orientation Forms Submitted _____

Contact Preceptor for Schedule _____

Pick up badge at HR _____

*Must be current / within 1 year of your rotation dates