

Requirements for Practice in Clinical Facilities

The *Requirements for Practice in Clinical Facilities* form must be submitted at least **3 weeks prior to the start of the clinical rotation or in-person orientation**, whichever comes first.

IMPORTANT:

- Dates of documents must cover the dates that the students/instructor are rotating with DPH for their clinical rotation.
- Dates of TB clearance (skin or blood tests) and titers must reflect the date the labs were collected, not resulted.
- For MMR and Varicella only - If student's titers are negative, write dates of when student received 2 doses of the vaccine.
- For Hep B – Laboratory evidence to Hep B (titer) is required. Dates of receiving 3 doses of the vaccine will not be accepted. Student will need to complete an immunization/titer declination form if necessary.

Please type directly on the form. Submit the completed form via email to universityaffiliates@ph.lacounty.gov. Completed forms must be sent **using the secure/encrypted messaging method** (open “[secure]” email send by DPH Nursing Administration, log in, and reply with the form attached). Incomplete forms will not be accepted.

Student’s Last Name & Student’s First Name - Write student’s last and first name in the spaces provided. The name provided on the form must match all other documents submitted to Nursing Administration, including those that are reviewed during contract monitoring.

Physical Examination Clearance Date - Write the date of the student’s last physical examination. Physical exams must be done every two years.

Tuberculosis Clearance Date & Result - Write the date of the student’s last tuberculosis screen test (if TST/PPD or QFT/IGRA negative) or chest x-ray (if PPD positive) and the results. TSTs/ PPDs or QFTs/IGRAs must be done on an annual basis.

Documentation of Immunity to Measles, Mumps and Rubella - Write the date of laboratory evidence to measles, mumps and rubella immunity (titer) and titer results (immune/positive or negative), or dates of appropriate vaccination against measles, mumps & rubella.

Documentation of Immunity to Varicella - Write the date of laboratory evidence to varicella (titer) and titer results (immune/positive or negative), or dates of appropriate vaccination against varicella. Serological tests are needed if person has had the disease. Do not write “disease” as this is not acceptable.

Documentation of Hepatitis B Immunity - Write the date of laboratory evidence to Hepatitis B (titer) and titer results (immune/positive or negative).

Tdap Vaccination – Write the date of Tdap vaccination. Td boosters must be received every 10 years.

Fit Test Date – Write the date of the student’s fit testing clearance. **A copy of each student’s fit testing report (card or certificate) must be submitted.** The fit testing clearance report shall include the date of clearance and the type of respirator the student was tested for. Fit testing shall be done annually or when student reports changes to their physical condition that could affect the use of a respirator or respirator fit.

Flu Vaccination - Write date of flu vaccination. Mandatory for Fall, Winter & Spring rotations. Fall Rotation - All students/instructor must have flu vaccine by **October 31**.

COVID-19 Vaccine Brand & Date(s) - Write the brand of COVID-19 vaccination received and the date(s) of primary dose and booster dose. Mandatory for all students and instructors. Must be fully vaccinated,

which includes receiving a booster dose.

HIPAA Compliance Date - Write date when each student completed and passed the HIPAA Compliance E-Learning course.

Online Nursing Student Orientation date - Write date when each student completed and passed the Nursing Student Orientation E-Learning course.

BLS for Healthcare Providers Expiration Date - Date of expiration of student's BLS card.

Live Scan Date - Leave blank. DPH HR has this on file.

Malpractice Insurance Policy & Expiration Date - Name of policy & expiration date.

CA Driver's License & Expiration Date - Driver's license number & expiration date.

Car Insurance Policy & Expiration Date - Name of car insurance company & expiration date.

Instructor Info - Complete the same items for the instructor on the last row.

Prepared by – Enter name of person completing this form.

Signature – Sign the form.

Date – Enter date the form was completed.