Authorization Form

What is your status in the Nursing Program? (Fill out everything in this section that applies to you)

- RN Faculty  
- VN Faculty
- RN student  
- Paramedic to RN Student
- VN student  
- Waiting for Advanced Placement
- Ranking student  
- Waiting for Paramedic to RN Program
- Transition Student  
- Waiting for LVN to RN Transition

Do you have a clinical folder already?  
- Yes  
- No

Specify semester If you are currently in the Nursing Program,  
- 1st
- 2nd
- 3rd
- 4th
- LVN-RN Transition
- Paramedic to RN

Contact Information (Please Print Clearly) (Everything in this section must be filled out)

Last Name:_______________________________________________  First Name:________________________________________________
Middle Name:____________________________________________  ID#.___________________________Phone:______________________
E-mail Address (Print current e-mail):_________________________________________________________

☐ I grant permission for the person listed below to provide my personal & private documents to the EPCC Nursing Program and receive information concerning my status.

☐ I grant permission for the EPCC Nursing Program to provide my personal & private documents to the person listed below and share my personal and private information concerning my status.

- Nursing Faculty  
- RG Border Health Clinic
- EPCC Student  
- Friend
- Family Member

Last Name:_______________________________________________  First Name:________________________________________________
Middle Name:____________________________________________  ID#.___________________________Phone:______________________
E-mail Address (Print current e-mail):_________________________________________________________

Indicate the documents you are authorizing to share and to transmit (the documents need to be sealed). Check Appropriate Boxes

☐ Nursing Specialized Admissions Orientation  
☐ Proof of Insurance (at beginning of each semester)
☐ CPR (copy front & back)
☐ FIRST AID (copy front & back)
☐ BON Fingerprint Background Check Results (copy front & back)
☐ TB Skin Test (copy front & back)
☐ X-RAY/TB Assessment (signed and dated by provider)
☐ X-ray results
☐ TB Assessment (Questionnaire)
☐ TETANUS/DIPHTHERIA AND PERTUSSIS (copy front & back)
☐ Tdap Vaccine
☐ VARICELLA (copy front & back)
☐ Titer Lab Results
☐ 1st Vaccine after a Negative Titer
☐ 2nd Vaccine after a Negative Titer
☐ MMR (copy front & back)
☐ Measles Titer Lab Results
☐ Mumps Titer Lab Results
☐ Rubella Titer Lab Results
☐ 1st Vaccine after Negative Titer
☐ 2nd Vaccine after Negative Titer

☐ HEPATITIS B (copy front & back)
☐ 1st Titer Lab Results
☐ 1st Vaccine after a Negative Titer
☐ 2nd Vaccine after a Negative Titer
☐ 3rd Vaccine after a Negative Titer
☐ 2nd Hepatitis B Titer Lab Results
☐ INFLUENZA (copy front & back)
☐ FLU Vaccine
☐ PHYSICAL EXAM/TECHNICAL STANDARD FORM
☐ EPCC Physical Exam Form (signed & dated by provider)
☐ Physical Technical Standard Form
☐ HIPAA TRAINING
☐ Certificate (Not accepted if handwritten or blank)
☐ COMMUNITY WIDE ORIENTATION (CWO)
☐ Certificate (Not accepted if handwritten or blank)

OTHER  
☐

Patricia Chavez Montes, EPCC Nursing Lab Facilities Supervisor
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