

Authorization Form

(so someone else can turn in my documents to the EPCC Nursing Program or receive copies as per my request)

THE DOCUMENTS NEED TO BE SEALED

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.

Semester: 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
(Copy front and back)

- 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

