

Nursing Pre-Clinical Clearance E-mail/Fax Transmittal Form

Must Submit this form with the copies of document(s) you are emailing or Faxing for Pre-Clinical Clearance.

Pictures of documents are NOT accepted (Documents should be scan)

I understand my document(s) will be posted within 5 to 10 working days after date of receipt.

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

- | | | |
|---|--|---|
| <input type="checkbox"/> RN Faculty | <input type="checkbox"/> VN Faculty | Do you have a clinical folder already? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> RN student | <input type="checkbox"/> Paramedic to RN Student | |
| <input type="checkbox"/> VN student | <input type="checkbox"/> Waiting for Advanced Placement | Specify semester If you are currently in the Nursing Program. |
| <input type="checkbox"/> Ranking student | <input type="checkbox"/> Waiting for Paramedic to RN Program | Semester: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th |
| <input type="checkbox"/> Transition Student | <input type="checkbox"/> Waiting for LVN to RN Transition | <input type="checkbox"/> LVN-RN Transition <input type="checkbox"/> Paramedic to RN |

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

Last Name: _____

First Name: _____

Middle Name: _____

ID# _____ Phone: (_____) _____

E-mail Address (Print Clearly complete e-mail): _____

Indicate what you are submitting (Check appropriate boxes)

- | | |
|--|---|
| <input type="checkbox"/> Nursing Specialized Admissions Orientation | HEPATITIS B (copy front & back) |
| <input type="checkbox"/> Proof of Insurance (at beginning of each semester) | <input type="checkbox"/> 1st Titer Lab Results |
| <input type="checkbox"/> CPR (copy front & back) | <input type="checkbox"/> 1st Vaccine after a Negative Titer |
| <input type="checkbox"/> FIRST AID (copy front & back) | <input type="checkbox"/> 2nd Vaccine after a Negative Titer |
| <input type="checkbox"/> BON Fingerprint Background Check Results
(copy front & back) | <input type="checkbox"/> 3rd Vaccine after a Negative Titer |
| <input type="checkbox"/> TB Skin Test (copy front & back) | <input type="checkbox"/> 2nd Hepatitis B Titer Lab Results |
| X-RAY/TB Assessment (signed and dated by provider) | INFLUENZA (copy front & back) |
| <input type="checkbox"/> X-ray results | <input type="checkbox"/> FLU Vaccine |
| <input type="checkbox"/> TB Assessment | PHYSICAL EXAM/TECHNICAL STANDARD FORM
(Copy front and back) |
| TETANUS/DIPHThERIA AND PERTUSSIS (copy front & back) | <input type="checkbox"/> EPCC Physical Exam Form (signed & dated by provider) |
| <input type="checkbox"/> Tdap Vaccine | <input type="checkbox"/> Physical Technical Standard Form |
| VARICELLA (copy front & back) | HIPAA TRAINING |
| <input type="checkbox"/> Titer Lab Results | <input type="checkbox"/> Certificate (Not accepted if handwritten or blank) |
| <input type="checkbox"/> 1st Vaccine after a Negative Titer | COMMUNITY WIDE ORIENTATION (CWO) |
| <input type="checkbox"/> 2nd Vaccine after a Negative Titer | <input type="checkbox"/> Certificate (Not accepted if handwritten or blank) |
| MMR (copy front & back) | Other Documents Not on List (Write what you are submitting) |
| <input type="checkbox"/> Measles Titer Lab Results | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Mumps Titer Lab Results | _____ |
| <input type="checkbox"/> Rubella Titer Lab Results | |
| <input type="checkbox"/> 1st Vaccine after Negative Titer | |
| <input type="checkbox"/> 2nd Vaccine after Negative Titer | |

Rio Grande Contact Person: Patricia (Pat) Chavez Montes, EPCC Nursing Lab Facilities Supervisor
pmontes1@epcc.edu Phone: 831-4010 Fax # 831-4334

Email Instructions:

1 **To:** pmontes1@epcc.edu

2 In Subject, type your complete name and specify if you are RN Student, VN Student, Ranking Student, Transition Student, Paramedic to RN Student, waiting for (Advance Placement, LVN-RN Transition, Paramedic to RN Program)
Subject (example): Alexander Hall, RN Student

3 **Attachments:**

Make sure to attach this form & what you are submitting in PDF format.

Pictures of document not accepted (*Documents should be able to print actual size*)

4 **Message:**

Type your full Name & ID Number

"Submitting documents for clinical clearance"

If you are unable to turn in paperwork during my office hours, you can use this Nursing Transmittal form to e-mail or fax documents.

The transmittal forms are available online:

EPCC Website:

<http://www.epcc.edu/ssin/Pages/default.aspx>

[scroll down to Student Success in Nursing \(SSIN\) Documents](#)

If you don't have access to a fax machine, the best option is to email the documents.

If you [don't know how to scan](#) documents and email them, you can go to the Rio Grande or Mission del Paso computer labs or Library for assistance.

Rio Grande Campus

1. Lab in room H-217 (Phone: 831-4521) is open the following hours:

Monday	8:00am-1:00pm
Tuesday	8:00am-5:00pm
Wednesday	8:00am-5:00pm
Thursday	8:00am-5:00pm
Friday	8:00am-2:00pm

2. Lab in room B502 (831-4150) is open the following hours:

Monday-Thursday	6:30am-8:30pm
Friday	6:30am-4:30pm
Saturday & Sunday	CLOSED

3. Library in room E-100 (831-4019/4018)

Monday-Thursday	7:30am-8:30pm
Friday	7:30am-2:00pm
Saturday	9:00am-3:00pm
Sunday	1:00pm-5:00pm

Computer area Closes 30 minutes prior to closing.

Mission del Paso Campus

1. Lab in room C-123 (Phone: 831-7049) is open the following hours:

Monday	7:00am-7:00pm
Tuesday	7:00am-8:00pm
Wednesday	7:00am-7:00pm
Thursday	7:00am-7:00pm
Friday	7:00am-4:15pm
Saturday & Sunday	CLOSED

3. Library in Building C (831-7040/7057) is open the following hours:

Monday-Thursday	7:30am-8:30pm
Friday	7:30am-2:00pm
Saturday	9:00am-3:00pm
Sunday	1:00pm-5:00pm

Computer area Closes 30 minutes prior to closing.