Nursing Pre-Clinical Clearance E-mail Transmittal Form

You must attach this form with the document(s) that you are emailing for Pre-Clinical Clearance
(The documents must be as attachments)

I understand my document(s) will be posted within 5 to 15 working days after date of receipt.

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

☐ RN Faculty  ☐ VN Faculty  Do you have a clinical folder already?  ☐ Yes  ☐ No
☐ RN student  ☐ Paramedic to RN Student
☐ VN student  ☐ Want to Apply for Advanced Placement
☐ Ranking student  ☐ Want to Apply for Paramedic to RN Program
☐ Transition Student  ☐ Want to apply for LVN to RN Transition Program

Specify semester if you are currently in the Nursing Program.

Semester:  ☐ 1st  ☐ 2nd  ☐ 3rd  ☐ 4th

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)

☐ Nursing Specialized Admissions Orientation
☐ Proof of Insurance (at beginning of each semester)
☐ HEPATITIS B (copy front & back)
☐ 1st Titer Lab Results
☐ 1st Vaccine after a Negative Titer
☐ 2nd Vaccine after a Negative Titer

☐ CPR (copy front & back)
☐ FIRST AID (copy front & back)
☐ 3rd Vaccine after a Negative Titer
☐ 2nd Hepatitis B Titer Lab Results

☐ BON Fingerprint Background Check Results (copy front & back)
☐ TB Skin Test (copy front & back)
☐ INFLUENZA (copy front & back)
☐ FLU Vaccine

☐ X-RAY/TB Assessment (signed and dated by provider)
☐ X-ray results
☐ PHYSICAL EXAM/TECHNICAL STANDARD FORM
☐ TB Assessment (Copy front and back)
☐ EPCC Physical Exam Form (signed & dated by provider)
☐ TETANUS/DIPHTHERIA AND PERTUSSIS (copy front & back)
☐ Physical Technical Standard Form
☐ Tdap Vaccine
☐ HIPAA TRAINING
☐ Certificate (Not accepted if handwritten or blank)

☐ VARICELLA (copy front & back)
☐ 1st Titer Lab Results
☐ COMMUNITY WIDE ORIENTATION (CWO)
☐ 1st Vaccine after a Negative Titer
☐ Certificate (Not accepted if handwritten or blank)

☐ Measles Titer Lab Results
☐ 2nd Vaccine after a Negative Titer
☐ Other Documents Not on List (Write what you are submitting )
☐ Mumps Titer Lab Results
☐ ____________________________
☐ Rubella Titer Lab Results
☐ 1st Vaccine after Negative Titer
☐ 2nd Vaccine after Negative Titer

Patricia Chavez Montes,
EPCC Nursing Lab Facilities Supervisor
copyright (c) July 2020
Leslie Hernandez, Lab Assistant II, lhern528@epcc.edu  
Pat Chavez Montes, Nursing Lab Facilities Supervisor, pmontes1@epcc.edu

Email Instructions:

1. To:

2. **Subject:** type your complete name and the purpose
   
   **Subject examples:** "Elena Caso, want to Rank iin October 2020" or "Alex Hall, submitting post-requirements": 1st se

3. **Attachments:** You must attach the Nursing E-mail Transmittal form with the document(s) that you are emailing for Pre-Clinical Clearance.

4. **Message area:** Provide any information that can help us know what you want to achieve with this email
   
   **Type your full Name & ID Number** (provide this information every time in your email.

   **Examples:** "Submitting documents for October 2020 Ranking", "Submitting documents for Fall 2020 RN 2nd semesterRegistration clinical clearance", "sumitting documents for Fall 2020 VN 2nd Semester clinical clearance", "Submitting documents for Fall 2020 Rn 3rd semester re-entry"

---

**Every e-mail must have attach the Nursing E-mail transmittal form with the document(s) that you are emailing for Pre-Clinical Clearance. Make sure to select in the Nursing Transmittal Form only what you are emailing.**

**Documents are not accepted without a Nursing Transmittal form**

We cannot print embedded documents in the e-mails, so we can post and put them in your file.

**Documents must be as attachments.**

The form is available Online in the EPCC Nursing Website.

---

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 6:30am-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.