

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)

- | | | |
|---|---|---|
| <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"/> Want to Apply for Advanced Placement | Specify semester if you are currently in the Nursing Program. |
| <input type="checkbox"/> Ranking student | <input type="checkbox"/> Want to Apply 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"/> Want to apply for LVN to RN Transition Program | <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)

- 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
front & back)
- TB Skin Test (copy front & back)

HEPATITIS B (copy front & back)

- 1st Titer Lab Results
- 1st Vaccine after a Negative Titer
- 2nd Vaccine after a Negative Titer
- (copy) 3rd Vaccine after a Negative Titer
- 2nd Hepatitis B Titer Lab Results

X-RAY/TB Assessment (signed and dated by provider)

- X-ray results
- TB Assessment

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

TETANUS/DIPHTHERIA AND PERTUSSIS (copy front & back)

- Tdap Vaccine

HIPAA TRAINING

- Certificate (Not accepted if handwritten or blank)

VARICELLA (copy front & back)

- Titer Lab Results
- 1st Vaccine after a Negative Titer
- 2nd Vaccine after a Negative Titer

COMMUNITY WIDE ORIENTATION (CWO)

- Certificate (Not accepted if handwritten or blank)

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

Other Documents Not on List (Write what you are submitting)

Documents are not accepted without a Nursing Transmittal form. Always e-mail documents with a Nursing Transmittal form. Fill out the top portion of the Nursing Transmittal Form and only select what you are submitting in the e-mail.

Documents and Nursing Transmittal form must be as attachments. E-mail embedded documents are not accepted since we cannot print to post and put them in the clinical file

Always include your full name, EPCC ID, and status in the e-mail body when you ask questions via e-mail so we can answer your questions.

Nursing Forms and information Website: www.epcc.edu/Academics/Health/Nursing/documents

Email Instructions:

1 **To:** E-mail it to designated clinical clearance staff

2 **Subject:** type your complete name and the purpose

Subject (examples): "Elena Caso, want to Rank in October 2020" or "Alex Hall, submitting post-requirements": 1st semester registration clearance, 2nd semester registration clearance, etc...

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 semester Registration clinical clearance", "submitting documents for Fall 2020 VN 2nd Semester clinical clearance", "Submitting documents for Fall 2020 Rn 3rd semester re-entry"

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) call to get schedule
2. Lab in room B502 (831-4150) call to get schedule
3. Library in room E-100 (831-4019/4018) call to get schedule

Mission del Paso Campus

1. Lab in room C-123 (Phone: 831-7049) call to get schedule
2. Library in Building C (831-7040/7057) call to get schedule