INSTRUCTIONS FOR COMPLETING THE 
PRE-CLINICAL CLEARANCE FORM

Complete the Pre-Clinical Clearance Form (Appendix A) with the students’ and faculty information to meet the requirement of Hospital Affiliation Agreements and the regulatory compliance requirements. Please submit the completed form one to two weeks prior to first day of clinical. On-site faculty must comply with all the requirements of the Pre-clinical Clearance form.

All columns must be completed prior to submitting to the clinical facility. Educational Institutions must maintain copies of the supporting documents (CPR, liability insurance, CWO, background check, drug screening, Tuberculosis [TB] screening questionnaires/CXR/TB Clearance, and immunization/titer records).

Schools are required to keep the supporting documentation on file for seven years. Remember, all documentation is open for affiliate audits.

It is important for schools to read the attestation statement at the bottom of the Pre-Clinical Clearance Form. Falsification of information could lead to termination of affiliation agreements.

Faculty and Student(s) – Enter the on-site Faculty(s) and Student Name(s).

American Heart Association (AHA) CPR/BLS Expiration Date - Enter expiration date of the CPR/BLS (only Healthcare Providers training accepted) card from AHA. Military Training Network (AHA recognized) cards will be accepted. No on-line courses will be accepted.

Liability Insurance Date - Enter coverage dates (i.e. 8/1/13-12/31/13) from the insurance coverage form for each semester.

Community Wide Orientation (CWO) is renewed annually.

Enter the completed date on the (CWO) Certificate. To access CWO on-line presentations, go to http://www.epcc.edu/cwo/Pages/default.aspx or www.epcc.edu and click on the On-line Resources -> Community Wide Orientation -> After completing the modules and the exam, the certificate may be printed.

Educational institutions must maintain the CWO certificate on file. This certificate has a built-in feature to ensure authenticity.
**Background Check** - Enter the date of the cleared background check.

The background check must include verification of the following:

1. Social Security Number Verification
2. Criminal Search in current and previous counties of residence (minimum 7 years)
3. Violent Sexual Offender and Predator Registry Search
4. OIG List of Excluded Individual/Entities
5. GSA List of Parties Excluded from Federal Programs
6. US Treasury, Office of Foreign Assets Control (OFAC) List of Specially Designated Nationals (SDN)
7. State Exclusion List
8. Faculty/Instructors (and other applicable persons) License/Certification Verification.

For flagged background, refer to the clinical affiliates’ guidelines. If you have questions, contact the Program Dean or Director, who will contact the affiliate.

Note: If the schools contracted a vendor, please verify the vendor has included all of the above.

**Negative Drug Screening Date** – Enter date of the negative test results. The Drug Screening requirement is 10 panels to include:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine Metabolites
- Marijuana Metabolites
- Methadone
- Methaqualone
- Opiates
- Phencyclidine
- Propoxyphene

**Tuberculosis (TB) Screening required annually.**

1. TB Skin Test Negative – Enter the date and results of the TB skin test.
2. TB Skin Test Positive (for the first time) – Chest X-ray required.
   a. Chest X-ray Negative – enter the date of the Chest X-ray and the negative results (-).
   b. Chest X-Ray Positive – requires consultation and clearance from healthcare provider. Enter the date of the Chest X-ray, the positive results (+), and complete TB questionnaire/clearance to participate in healthcare agency clinicals signed by health care provider.
3. TB skin Test Positive (previously) – Requires completed TB questionnaire/clearance signed by healthcare provider (Appendix B).
Note: TB skin test must be administered the same clinical day as the MMR and/or Varicella, otherwise, one must wait > 28 days (after a Varicella or MMR) to receive TB skin test (MMR or Varicella could cause a false negative TB result).

**Immunizations/Titers** – Please refer to 10/22/13 Algorithm for “Immunization and Blood Titer Requirements for Health Students/Faculty” separate document.

**Tetanus/Diphtheria/Pertussis Date (Tdap vaccine)** - Enter date of most recent Tdap–renewed every 10 years. **Effective Jan. 2014, Tdap is required and Td only is no longer acceptable.**

**Varicella (Chicken Pox Titer)** - Enter “date” and result “+(+) or (-)” in first column. If results are positive, no additional vaccines or titers are required. If results are negative, enter the date of the first dose of the next Varicella series under the negative sign and the date of the second dose in the second column. The two doses of varicella vaccine should be given > 28 days apart. Refer to Appendix C for further information.

**M.M.R. (Measles, Mumps, Rubella)** - Enter “date” and result “+(+) or (-)” in first column. If results are positive, no additional vaccines or titers are required. If results are negative, enter the date of the first dose of the next MMR series under the negative sign and the date of the second dose in the second column. The two doses of MMR must be given > 28 days apart. Refer to Appendix C for further information.

**Varicella and MMR are live vaccines and must be given the same clinical day or >28 days apart. Also, the TB skin test must be administered the same clinical day as the MMR and/or Varicella, otherwise, one must wait > 28 days (after a Varicella or MMR) to receive TB skin test (MMR or Varicella could cause a false negative TB result).**

**Note:**

1. **For those individuals for which MMR and/or Varicella are medically contraindicated, a healthcare provider signed medical clearance form is required. As per institutional policy, masking may be required for these individuals.**

**H.B.V. (Hepatitis B)** - Enter “date” and result “+(+) or (-)” in first column. If results are positive, no additional vaccines or titers are required. If results are negative, enter the date of the first dose of the next series under the negative sign and the date of the second and third doses in the second and third columns. Four to six weeks after the third dose of the second documented series, a new Hepatitis B titer is required. Refer to Appendix D for further information. Non-responders to the vaccination and who are HBsAg negative should be considered susceptible to HBV infection and must be counseled using the
Hepatitis B Non-Responder Counseling” form (See Appendix E). This form must be kept on file at the academic institution.

If an individual meets the above outlined “non-responder status” criteria, “NR with the date” must be documented in the Hepatitis B titer column.

Flu Vaccine Date (seasonal) - Enter date of the flu vaccine. If the individual declines the flu vaccine, enter “D” and the date declined in the column. This vaccination is required from October 1 through March 31 annually (or as specified by the clinical facility’s policy).

Note: As per institutional policy, masking may be required in the absence of a documented seasonal Flu vaccine.

The Program Director or coordinator verifies that the enclosed information is accurate and on file at his/her Institution. The clinical facility may audit these records at the educational institution.

Facility Specific – Enter information requested by individual clinical facilities if applicable