**KADLEC REGIONAL MEDICAL CENTER**

***Passport Completion Letter***

In accordance with the contract with the school for clinical or non-clinical experience, an audit of school/student records, pertinent to the experience, must be performed. Please complete this form to ensure compliance with regulatory and accrediting agency requirements. Failure to complete this audit will result in suspension of the contract between Kadlec Regional Medical Center and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sponsoring school). If there are questions pertaining to the completion of this document please contact Rachel Wabeke at (509) 942-2356 or [rachel.wabeke@kadlecmed.org](mailto:rachel.wabeke@kadlecmed.org).

**Please return this form one week prior to the requested start date or student orientation.**

**Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Request Start/End Date: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_**

[ ] \***National Criminal Background Check** including Excluded Provider Search on OIG and GSA must be completed prior to clinical start date. Background checks completed upon admission to an educational institution for which the clinical rotation will take place will also be accepted. Background checks completed upon hire at Kadlec will also be accepted. If crimes are present on the report, the original copy (or access) must be provided to KRMC by the student only; copies of the report cannot be accepted from sponsoring school or student. Washington State Patrol Check will be completed by KRMC staff prior to the student’s clinical start date.

**Proof of immunizations recorded by original provider (All waivers available in Education office):**

[ ] (1) **Negative tuberculin (TB)** status within the past year (via Mantoux, Quantiferon or chest X‑ray)

or medical clearance by healthcare provider.

[ ] (2) **Hepatitis B** immunity documented by serum titer, or series of three begun with signed

declination. Declination forms may be obtained from the Education office.

[ ] (3) M**easles, Mumps and Rubella** immunity documented by vaccination (two inoculations) or serum titer for each, indicating antibodies.

[ ] (4) **TDaP** vaccine (FDA approved in June 2005) if the student/individual has not received a Tetanus booster within the past ten years.

[ ] (5) **Influenza** vaccination for the current flu season or signed declination. Declination forms may be obtained from the Education office.

[ ] (6) **Varicella** immunity documented by vaccination (two inoculations), serum titer, documentation of diagnosis of Varicella disease by health care provider, or signed declination.

[ ] Blood borne pathogen education (HIV/AIDS training).

[ ] CPR/BLS (Healthcare Provider for Adult, child and infant) if required.

**My signature indicates I have personally viewed these required documents for the students listed below and could provide copies to KRMC upon request. I also attest that each of the listed students is in good standing with their academic program and are cleared to begin clinical rotation.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsoring school representative authorized signature**

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