

Graduate Nursing Student Clinical Placement Requirements

Student: _____ Phone #: _____ School: _____
 Clinical Dates: _____ Preceptor: _____ Clinical Area: _____

This checklist along with the required supporting documents must be submitted to the Clinical Placement Coordinator at INTEGRIS MEDICAL GROUP **prior** the beginning of the clinical rotation.

If you are an INTEGRIS Employee, you do not have to submit #2, #3, #4, and #13. Please inform me that you are an employee.

1. _____ * Current Clinical Affiliation Agreement between INTEGRIS Health and your school
2. _____ * Verification of the following immunizations and tests: **(i)** complete Hepatitis B vaccine series (series of 3 or waiver); **(ii)** negative tuberculin skin test; **(iii)** MMR vaccination(s) or positive titers, including two doses of the mumps vaccine or positive mumps titers; **(iv)** a written verification of varicella history, varicella vaccine titer by a physician or physician’s designee; **(v)** written verification of the seasonal influenza vaccination and , at the request of the Facility, verification for other strands of influenza, including but not limited to H1N1;
3. _____ * Verification of criminal background check
4. _____ * Verification of negative drug screen (5-panel, non-NIDA)
5. _____ * Verification of the following criteria in accordance with the Oklahoma Board of Nursing Rules: *Registered Nurses enrolled in out-of-state advanced practice registered nursing education programs may participate in clinical experiences and clinical preceptorship in Oklahoma as part of the advanced practice registered nursing education program, under the following conditions: (1) The advanced practice registered nurse student has a current unencumbered Oklahoma license to practice registered nursing, (2) The advanced practice registered nursing education program meets the requirements established by the Oklahoma Board of Nursing for education preparation of Advanced Practice Registered Nurses*
6. _____ Verification of liability insurance from school
7. _____ Copy of practicum objectives
8. _____ Signed Student Confidentiality Agreement
9. _____ Completed Epic Student Computer Access Form *(And reviewed PDF on how to document in EPIC; separately attached)*
10. _____ Signed Letter of agreement from Physician/Advanced Practitioner preceptor (must include a statement of understanding that the physician will assume responsibility for student’s practice while in the clinical setting)
11. _____ Signed Release of Information form
12. _____ Reviewed Student/Faculty Orientation Information: [APRN Orientation Information](#)
13. _____ Completed the following modules (**Rapid Regulatory Compliance I & Rapid Regulatory Compliance II**) at <http://integrisok.com/agency> (please return certificate of completion)

By signing below, I confirm I have read the information contained in the INTEGRIS Health Student and Faculty Orientation packet.

Student Signature: _____ Date: _____

* As an alternative to submitting the actual documents for immunizations/tests, criminal background check, drug screen and liability insurance, and official representative from the student’s academic facility may initial those items above and sign below, confirming that all required documents are on file and available upon request.

Signature of Representative: _____ Date: _____
 Printed Name: _____ Title: _____ Phone Number: _____
 Email Address: _____

Submit documentation to:

Tyler Bell, BSN, RN
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