



**INPATIENT Advanced Practice 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 Education and Professional Development office prior to the beginning of the clinical rotation. Submit documentation to:

**Tara Vogt, MS, RN, CMSRN**  
Clinical Education and Professional Development  
3400 NW Expressway, Physician’s Building C, Suite 602, Oklahoma City, OK 73112  
(o) 405.212.2110; (f) 405.979.8379  
[Tara.Vogt@Integrisk.com](mailto:Tara.Vogt@Integrisk.com)

**If you are an INTEGRIS employee, it is not necessary for you to submit requirements #2, #3, #4, #5, #8, and # 12.**

1. \_\_\_\_\_ Current Clinical Affiliation Agreement between INTEGRIS Health and your university
2. \_\_\_\_\_ \* Verification of the following immunizations and tests: (i) a complete Hepatitis B vaccination series (series of three or waiver); (ii) negative tuberculin skin test(s); (iii) MMR vaccination(s) or positive titer(s), including two doses of the mumps vaccine or positive mumps titers; (iv) a written verification of varicella history, varicella vaccination or a varicella titer by a physician or a physician’s designee; (v) written verification of the seasonal influenza vaccination and, at the request of the Facility, verification for other strains of influenza; (vi) written verification of the COVID Vaccine complete series.
3. \_\_\_\_\_ \* Verification of a criminal background check
4. \_\_\_\_\_ \* Verification of a 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 an Oklahoma license to practice registered nursing, (2) The faculty responsible for oversight of the clinical component of the nursing education program has an Oklahoma license to practice nursing at the level of the education being taught or higher, and (3) 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 school liability insurance
7. \_\_\_\_\_ Copy of practicum objectives
8. \_\_\_\_\_ \*Signed Student Confidentiality Agreement (available at <http://integrisk.com/aprnstudent>)
9. \_\_\_\_\_ Completed IH APRN Epic Student Computer Access Form (available at <http://integrisk.com/aprnstudent> )
10. \_\_\_\_\_ Copy of preceptor agreement signed by the practitioner agreeing to serve as the clinical preceptor (must include a statement of understanding that the provider will assume responsibility for student’s practice while in the clinical setting)
11. \_\_\_\_\_ Review APRN Student Orientation packet: <http://integrisk.com/aprnstudent>
12. \_\_\_\_\_ \*Completion of the following modules (available at [www.integrisk.com/agency](http://www.integrisk.com/agency))  
Rapid Regulatory Compliance I and Rapid Regulatory Compliance II  
HIPPA Privacy & Security

By signing below, I confirm I have read the information contained in the INTEGRIS Health APRN Student and Orientation packet.  
Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* As an alternative to submitting the actual documents for requirements 1-5 above, the university faculty responsible for clinical oversight may initial those items above and sign below, confirming that all requirements have been met and the documents are on file and available upon request.  
Signature of School Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_