CAL STATE LA
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

XU COLLEGE OF HEALTH AND HUMAN SERVICES

Patricia A. Chin School of Nursing

REQUIREMENTS FOR CLINICAL

REQUIRED DOCUMENTATION **(provide copies of all, for cards, front and back w/signature)**		**frequency:** ☑
American Heart Association CPR (BLS) Cert. (Health Care Provider: 2yrs)		Every 2 yrs ☐
California Driver License or CA ID		**once & when renewed** ☐
Auto Liability Insurance or attestation	Students name must appear on policy	**once & when renewed** ☐
RN License *(absn/bsn basic exempt)*		**once & when renewed** ☐
Health Insurance	Students name must appear on card	**once & when renewed** ☐
University Liability Insurance https://commerce.cashnet.com/csulapay	Click "view all items" and select "Student Liability Insurance"	yearly ☐
HIPAA certificate (CSU Learn)	Go to your MyCalStateLA and click on the CSU Learn app. In the search bar type in 'HIPAA: Protecting Patient Privacy'	once ☐
Background Check *(included with COMPLIO purchase)*	Purchase Date: ___	once ☐
Live Scan (if required by clinical site)	Date: _____	once ☐
Drug Screening (UGRD included with COMPLIO - GRADS, if required by clinical site)	Date: _____	once (might repeat if needed) ☐
Fire Card (UGRD only - GRADS, if required by clinical site)	Date: _____	**once & when renewed** ☐
Forms are on COMPLIO for download and the clinical placement website: https://www.calstatela.edu/hhs/nursing/clinical-placement		
Field Trip/Off Campus Activity/Transportation Form		once ☐
COVID-19 Liability Form		yearly ☐
COVID-19 Acknowledgment Form		once ☐
Handbook Confidentiality Statement Form		once ☐
Handbook Acknowledgement Form		once ☐
Biosafety Hazardous Waste Handling and Disposal (CSU Learn)	Go to your MyCalStateLA and click on the CSU Learn app. In the search bar type in 'Biosafety Hazardous Waste Handling and Disposal'	once ☐

REQUIRED HEALTH SCREENING (Immunizations): Copies of all required positive titers OR proof of the vaccines(series) in progress with positive titers to follow required.		**frequency: ☑**
MMR vaccines & Positive Titers ____Measles(Rubeola) _____Mumps _____Rubella	Date: #1 _____ Date: #2 _____ Date: #3 _____	once ☐
Varicella (Chicken Pox) vaccine & Positive Titer	Date: #1 _____ Date: #2 _____	once ☐
___Hep B Series & Positive Titer or ___Declination	Date: #1 _____ Date: #2 _____ Date: #3 _____	once ☐
Tdap	Date: _____	once ☐
___Influenza (Flu) Vaccination or ___Declination	Date: _____	yearly ☐
Physical Exam (see pg 3)		yearly ☐
*Please submit documentation of a current 2 step TB skin test **OR** a past 2 step TB skin test along with a current 1 step TB or X-ray **OR** QuantiFERON Gold Blood test. The renewal date will be set for 1 year. Upon renewal, one of the following is required: 1 step TB Skin test **OR** QuantiFERON Gold Blood test **OR** Chest X-Ray (if positive TB).*		
TB 2-step (once to be followed by yearly 1 step, X-ray or QuantiFERON) Date: _____ Result: _____	Date: #1 ____Date: #2 _____ (one to three weeks apart)	once ☐
TB test date Last 12 months: _____ Result: _____	**OR**	yearly ☐
*Positive TB provide a negative Chest X-Ray report Chest X-Ray Date: _____ Result: _____	**OR**	yearly ☐
QuantiFERON Gold Blood test: Date: _____ Result: _____		yearly ☐
COVID-19 VACCINATION: Date(s): _____		once ☐
COVID-19 VACCINATION BOOSTER: Date: _____		yearly ☐

California State University Los Angeles – School of Nursing

Physical Exam Form:

_____ was examined on the below date and I found her/him to be in satisfactory health and able to participate fully in the School of Nursing academic program.

_____
Signature of Clinician *

_____
Printed Name

_____
Date

*This health examination is to be done by a physician, nurse practitioner, or physician's assistant.

MD/DO _____ NP _____ PA _____

Agency: _____

Clinician Comments:

NOTE: using this form is optional