**PAPERWORK COLLECTION FORM**

Student Name ------------------ Instructor initials Date/Time of submission Section # 170 & 171 NO

**Deadline for Submission as announced in class**

You must have all of the following documentation submitted and approved by your classroom instructor for clinical space. CLINICAL SLOTS A RE LIMITED! Registration in Banner is no guarantee of attendance. The documentation listed below should be turned in as soon as possible to complete the clinical enrollment process. Please attach **copies** of all of the following and turn into your classroom instructor.

 **Immunization Record** Completed and signed by physician

 **TB/Influenza Sheet** TB must include testresults and be within the past year. Flu shot for fall/spring semesters

 **Current Healthcare Provider CPR\*\* card for all ages must be BLS or CPR for Healthcare Providers**

\*HPR 102 at *PPCC,* or other organizations such as hospitals, red cross, southwestCPR.org, military, etc.

 **Verification of** **registration** for NUA 170 & NUA 171 that corresponds to your 101 section

 **Signed Student Acknowledgment form** verifying that you have read both the syllabus and handbook, understand additional cost associated with the program as well as additional paperwork

**\*\*\*\*REA D AND INITIAL BY EACH STATEMENT BELOW \*\*\*\*\*\*\*\*\*\*SIGNATURE REQUIRED\*\*\*\***

 Paperwork submitted after the recommended date on your class calendar will make you ineligible for clinical this semester. You may return next semester to participate by contacting NUA@ppcc.ed u

 When electing to do clinical in a semester later than the one you are currently in, you may be subject to additional requirements, to include but not limited to a new background and urine screen at your expense.

 In accordance with the technical standards for the NUA program, I am verifying that I am capable of performing my duties as a nursing assistant student. There is no "light duty".

 I acknowledge I am aware of the standards put forth in the NUA Hand book to which I am held.

Signature Date \_ Phone number \_

\*\*\*Once Clinical assignments are made you will receive an email with your instructor name and cell as well as location of the clinical facility you will report to least 24hours prior to beginning the clinical rotation\*\*\*

7/31/2017 DL