

Student/Faculty Clinical Passport Guidance

The Clinical Passport is a digital PDF and should not be handwritten.
For best results, we recommend the free version of Adobe that can be downloaded by [clicking here](#)

By contract with your academic institution, all students and faculty participating in learning experiences at this healthcare site must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met prior to participation in the clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. Documentation must meet requirements at all times. Required immunizations must include mm/dd/yyyy if available.

SUBMITTED ONCE

TUBERCULIN STATUS The Tuberculin Status requirements can be met through completion of one of the following:

- A.** Completed 2-step TST
 - If first TST is positive, with no prior history of disease, then an IGRA with a provider examination and Chest X-ray is recommended to confirm.
- B.** TB IGRA
- C.** New positive Results of TB then provide date of Exam/X-ray
 - Accompanying treatment documentation may be requested on a case-by-case basis.
- D.** History of Positive TB results then provide date of Exam/x-ray
 - Accompanying treatment documentation may be requested on a case-by-case basis.

HEPATITIS B The hepatitis B requirement can be met through completion of one of the following:

- A.** 3-series (Recombinex HB or Energix-B or Recombivax HB) Series shots at 0, 1, 6 months plus titer confirmation 4-8 weeks later.
 - For persons who do not respond to the primary hepatitis B vaccine series they must complete a second vaccine series. For the second series, a different brand of vaccine should be administered. If negative titer after initial series of 3 vaccines, then vaccine #4 and re-titer OR #5 and #6 vaccines and re-titer.
- B.** 2-series (Hepisav) Series shots are administered one month apart.
 - If negative titer after initial series of 2 vaccines, then vaccine #3 and re-titer and #4 vaccines and re-titer
- C.** Immunity by Titer (anti-HBs or HepB Sab)
- D.** History of Disease/non-converter

* Signed Declination: A student is permitted in the clinical setting if they have begun, but not yet completed, their Hep B vaccine series. A signed declination is required if the student is in process and has not completed their vaccine series.

MMR (Measles, Mumps, Rubella) or MMRV (Measles, Mumps, Rubella, and Varicella)

- A.** MMRV is accepted if received prior to the age of 12 years.
 - Proof of Measles immunity by titer **and**
 - Proof of Mumps immunity by titer **and**
 - Proof of Rubella immunity by titer

VARICELLA

- Proof of vaccination (2 doses administered at least 4 weeks apart) **OR**
- Proof of immunity by titer

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

- 1 initial dose of Tdap required followed by a dose of Td or Tdap every 10 years.

COVID-19

- Vaccine information must include the vaccine manufacturer, 1 or 2 dose series, Date of first dose, date of second dose (if applicable).

AUTHORIZATION FOR RELEASE OF RECORD

- Kept on file by education institution

MILITARY IMMUNIZATION

- If immunization occurred during Military service

ADDITIONAL REQUIREMENTS (if applicable)

- Some healthcare settings may have additional student onboarding requirements. Visit the Site Specific Requirements for your assigned facility to determine what additional requirements and/or education is required, on the CPNW website.

SUBMITTED YEARLY

TUBERCULIN STATUS Annual Tuberculin Status must be confirmed less than one year from the previous testing administration date. Annual TST requirement may be met through completion of one of the following:

- 2-step TST
- 1-step TST
- Annual TB IGRA
- If New Positive TST or IGRA Exam/Chest X-ray
 - Accompanying treatment documentation may be requested on a case-by-case basis.
- For known history of positive/possible Treatments:
 - Download Annual Symptom Check form: ([Self Screening](#))

INFLUENZA

- Proof of seasonal vaccination(s)

BACKGROUND CHECKS

- National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/re-admission and re-entry/hire to program to include all counties of residence & all Washington State counties per RCW43.43.830 and OIG and GSA screens. Excluded Provider search on:
 1. [OIG http://exclusions.oig.hhs.gov/](http://exclusions.oig.hhs.gov/) (conducted bi-monthly by CPNW)
 2. [GSA http://www.sam.gov](http://www.sam.gov) (conducted bi-monthly by CPNW)
- Washington State Patrol Background Check (WATCH) and Criminal History Disclosure Form completed annually by the student/program and kept on file by the education institution.
- If your program does not provide a disclosure form you can find one by [clicking here](#).

AHA CPR

- You are required to have an:
- AHA BLS Provider Approved Course card/e-card
- AHA BLS Provider Resuscitation Quality Improvement Plan (RQI) meets this requirement
- Any BLS course not through the AHA is not accepted at this time.

INSURANCE

- Professional Liability \$1,000,000/3,000,000 policy (This may be coverage via the school or individual)

COVID-19

- Annual information must include the vaccine manufacturer and date of vaccine.

RESPIRATOR DOCUMENTATION Verify with Academic/Program Coordinator for more information regarding this standard. If directed by Program Coordinator complete the following:

- [Respiratory Medical Questionnaire](#)
- [Respiratory Fit Test Record](#)

REQUIRED EDUCATION

- Each healthcare organization will communicate to faculty and students any required educational content to be completed prior to participation in the clinical experience.
- The Clinical Passport is intended to follow a student through their academic program and therefore updated when any field expires and/or from year to year. There is no need to introduce or start a new Passport each academic year.

LICENSE (If individual is licensed as any healthcare provider [RN, LPN, NAC, etc.] and in what specific State)

- Current
- Unencumbered

Pursued Exemptions (If applicable)

- Users must meet the health and safety requirements of the hosting facility. Inquiry for exemption must be initiated through the educational institution.
- Approved exemptions are to be uploaded to the individuals CPNW account.

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What is the Clinical Passport?

The Clinical Passport is a set of established health and safety standards required of all students and faculty participating in a learning experience within the health-care setting. It serves as a record of immunity status for vaccine-preventable diseases. The record should show all pertinent information about that vaccine and when it was administered.

Why are vaccinations important?

You are likely to come into contact with infective material from patients, potentially placing you at risk for exposure and possible transmission of vaccine-preventable diseases.

Why is the Clinical Passport so important?

Employers and healthcare providers have a shared responsibility to prevent occupationally acquired infections and avoid causing harm to patients by taking reasonable precautions to prevent transmission of vaccine-preventable diseases. Vaccines help maintain immunity, safeguard healthcare professionals from infection and protect vulnerable patients.

Keeping Current

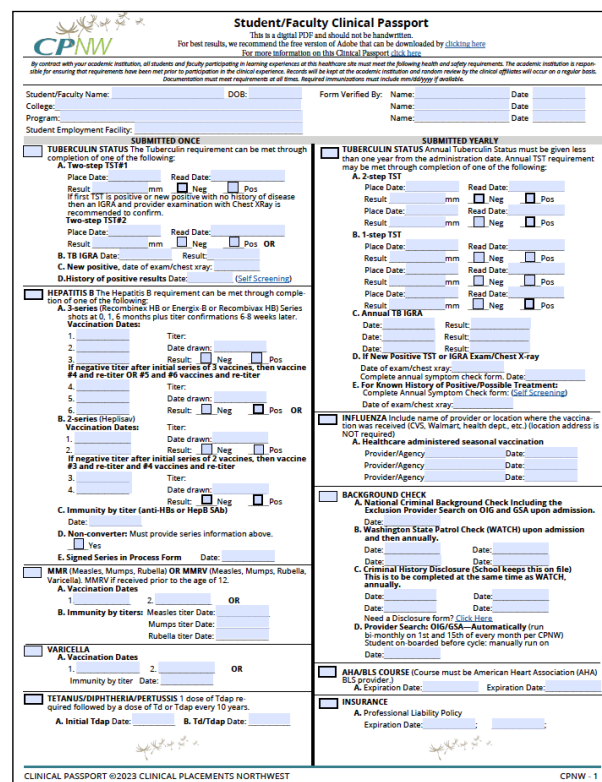
The Clinical Passport is intended to follow a student through their academic program and therefore updated when any field expires and/or from year to year, as indicated. There is no need to introduce or start a new Passport document each academic year.

The only exception to this standard is when a regulatory standard has changed or a new regulatory standard is added.

Annual Clinical Passport Review

To uphold the highest standard of safety requirements the Clinical Passport is reviewed annually by CPNW membership in conjunction with healthcare and epidemiology experts. An updated version of the Clinical Passport is made available in June of each year. In the event of a new regulatory standard CPNW and membership will work together to notify program coordinators of such changes and whether students must transition to the new Clinical Passport.

* Other arrangements will be identified between health-care and education if student placements are taking place during the conversation period from the previous version to the new version.



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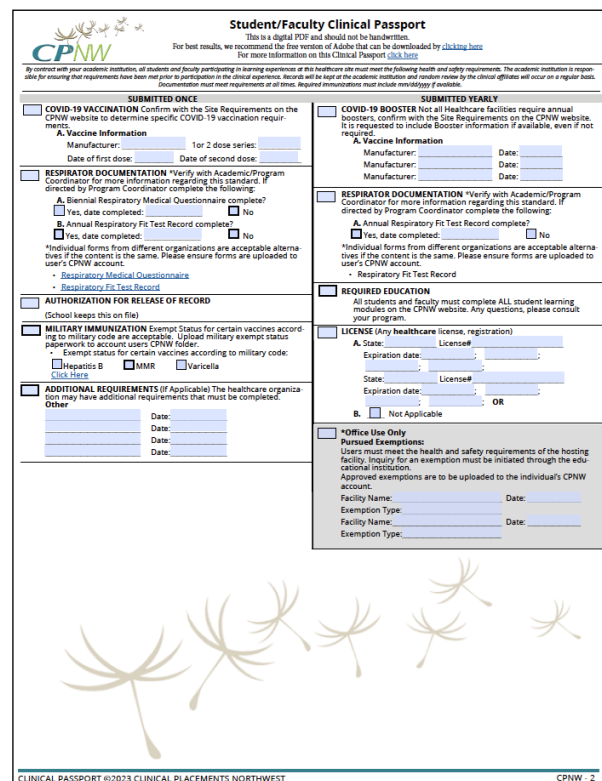
By contract with your academic institution, all students and faculty participating in learning experiences at this healthcare site must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met prior to participation in the clinical experience. Records will be kept at the academic institution and remain reviewable by the clinical affiliates who occur on a regular basis. Documentation must meet requirements at all times. Required immunizations must include immunity if available.

Student/Faculty Name: _____ DOB: _____ Form Verified By: _____ Name: _____ Date: _____
College: _____ Name: _____ Date: _____
Program: _____
Student Employment Facility: _____

SUBMITTED ONCE
☐ **TUBERCULIN STATUS** The Tuberculin requirement can be met through completion of one of the following:
A. Two-step TST
Place Date: _____ Read Date: _____
Result: _____ mm _____ Neg _____ Pos _____
If First TST is positive or new positive with no history of disease then an IGRA and provider examination with Chest X-ray is recommended to confirm.
Two-step TST
Place Date: _____ Read Date: _____
Result: _____ mm _____ Neg _____ Pos _____
B. TB IGRA Date: _____ Result: _____
C. Non-positive, date of exam/chest x-ray: _____
D. History of positive results Date: _____ (Self Screening)
☐ **HEPATITIS B** The Hepatitis B requirement can be met through completion of one of the following:
A. 3-series (Recombinant HB or Engerix B or Recombivax HB) Series shot at 0, 1, 6 months plus titrations 6-8 weeks later.
Vaccination Dates: _____
1. _____ Date drawn: _____
2. _____ Date drawn: _____
3. _____ Date drawn: _____
Result: _____ Neg _____ Pos _____
If negative titer after initial series of 3 vaccines, then vaccine #4 and re-titer OR #3 and #4 vaccines and re-titer.
4. _____ Date drawn: _____
5. _____ Date drawn: _____
6. _____ Date drawn: _____
Result: _____ Neg _____ Pos _____
B. 2-series (Hepisav)
Vaccination Dates: _____
1. _____ Date drawn: _____
2. _____ Date drawn: _____
Result: _____ Neg _____ Pos _____
If negative titer after initial series of 2 vaccines, then vaccine #3 and re-titer and #4 vaccines and re-titer.
3. _____ Date drawn: _____
4. _____ Date drawn: _____
Result: _____ Neg _____ Pos _____
C. Immunity by titer (anti-HBs or HepB SAb)
Date: _____
D. Non-converter: Must provide series information above.
☐ Yes ☐ No
E. Signed Series in Process Form Date: _____
☐ **MMR (Measles, Mumps, Rubella) OR MMRV (Measles, Mumps, Rubella, Varicella)** MMRV if received prior to the age of 12.
A. Vaccination Dates: _____
1. _____
2. _____ OR
B. Immunity by titers: Measles titer Date: _____
Mumps titer Date: _____
Rubella titer Date: _____
☐ **VARICELLA**
A. Vaccination Dates: _____
1. _____
2. _____ OR
B. Immunity by titer: _____
☐ **TETANUS/DIPHTHERIA/PERTUSSIS** 1 dose of Tdap required followed by a dose of Td or Tdap every 10 years.
A. Initial Tdap Date: _____ B. Td/Tdap Date: _____

SUBMITTED YEARLY
☐ **TUBERCULIN STATUS** Annual Tuberculin Status must be given less than one year from the administration date. Annual TST requirement may be met through completion of one of the following:
A. 2-step TST
Place Date: _____ Read Date: _____
Result: _____ mm _____ Neg _____ Pos _____
B. 1-step TST
Place Date: _____ Read Date: _____
Result: _____ mm _____ Neg _____ Pos _____
C. Annual TB IGRA
Date: _____ Result: _____
D. If New Positive TST or IGRA Exam/Chest X-ray
Date of exam/chest x-ray: _____
E. For Known History of Positive/Possible Treatment: Complete Annual Symptom Check form. Date: _____
Date of exam/chest x-ray: _____
☐ **INFLUENZA** Include name of provider or location where the vaccination was received (ICG, Wal-Mart, health dept, etc.) (location address is NOT required)
A. Healthcare administered seasonal vaccination
Provider/Agency: _____ Date: _____
Provider/Agency: _____ Date: _____
☐ **BACKGROUND CHECK**
A. National Criminal Background Check including the Exclusion Provider Search on OIG and GSA upon admission.
Date: _____
B. Washington State Patrol Check (WATCH) upon admission and then annually.
Date: _____
C. Criminal History Disclosure (School keeps this on file). This is to be completed at the same time as WATCH, annually.
Date: _____
Date: _____
D. Provider Search: OIG/GSA—Automatically run 1 month prior to start of every month per CPNW.
Student on-boarded before cycle manually run on: _____
Date: _____
☐ **AHA/IBLS Course** (Course must be American Heart Association (AHA) IBLS provider)
A. Expiration Date: _____
☐ **INSURANCE**
A. Professional Liability Policy
Expiration Date: _____

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SUBMITTED ONCE
☐ **COVID-19 VACCINATION** Confirm with the Site Requirements on the CPNW website to determine specific COVID-19 vaccination requirements.
A. Vaccine Information
Manufacturer: _____ Tor 2 dose series: _____
Date of first dose: _____ Date of second dose: _____
☐ **RESPIRATORY DOCUMENTATION** Verify with Academic/Program Coordinator for more information regarding this standard. If directed by Program Coordinator complete the following:
☐ Biennial Respiratory Medical Questionnaire complete?
☐ Yes, date completed: _____ ☐ No
☐ Annual Respiratory Fit Test Record complete?
☐ Yes, date completed: _____ ☐ No
*Individual forms from different organizations are acceptable alternatives if the content is the same. Please ensure forms are uploaded to user's CPNW account.
• Respiratory Medical Questionnaire
• Respiratory Fit Test Record
☐ **AUTHORIZATION FOR RELEASE OF RECORD** (School keeps this on file)
☐ **MILITARY IMMUNIZATION** Exempt Status for certain vaccines according to military code are acceptable. Upload military exempt status paperwork to account user's CPNW account.
• Exempt status for certain vaccines according to military code:
☐ Hepatitis B ☐ MMR ☐ Varicella
☐ **ADDITIONAL REQUIREMENTS** (If Applicable) The healthcare organization may have additional requirements that must be completed:
Other: _____
Date: _____
Date: _____
Date: _____

SUBMITTED YEARLY
☐ **COVID-19 BOOSTER** Not all healthcare facilities require annual boosters, confirm with the Site Requirements on the CPNW website. It is requested to include Booster information if available, even if not required.
A. Vaccine Information
Manufacturer: _____ Date: _____
Manufacturer: _____ Date: _____
☐ **RESPIRATORY DOCUMENTATION** Verify with Academic/Program Coordinator for more information regarding this standard. If directed by Program Coordinator complete the following:
A. Annual Respiratory Fit Test Record complete?
☐ Yes, date completed: _____ ☐ No
*Individual forms from different organizations are acceptable alternatives if the content is the same. Please ensure forms are uploaded to user's CPNW account.
• Respiratory Fit Test Record
☐ **REQUIRED EDUCATION**
All students and faculty must complete ALL student learning modules on the CPNW website. Any questions, please consult your program.
☐ **LICENSE (Any healthcare licenses, registration)**
A. State: _____ License# _____
Expiration date: _____
State: _____ License# _____
Expiration date: _____ OR
B. ☐ Not Applicable
☐ ***Office Use Only**
Pursued Exemptions:
Users must meet the health and safety requirements of the hosting facility. Inquiry for an exemption must be initiated through the educational institution.
Approved exemptions are to be uploaded to the individual's CPNW account.
Facility Name: _____ Date: _____
Exemption Type: _____
Facility Name: _____ Date: _____
Exemption Type: _____

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TUBERCULIN STATUS

The baseline Tuberculin Status requirements can be met through completion of one of the following:

- 2-step TST
- TB blood tests (IGRA)

TST: The first skin test reaction should be read between 48 and 72 hours after administration. You will have to retest if not read within this time period.

If the first TST is negative, you will need to obtain a second TST within 1-3 weeks after first skin test, the second skin test is placed, and then read 48-72 hours later.

If first TST is positive, with no prior history of disease, then an IGRA with a provider examination and Chest X-ray is recommended to confirm.

Rationale – A 2-step is one of two options performed at baseline because people who were infected with TB many years ago may have a negative reaction to an initial TST. The first “step” may stimulate (or boost) the immune system’s ability to react to the test. If the second “step” is not performed as part of baseline screening, a subsequent positive TST reaction could be misinterpreted as a new infection. Additionally, the TST (Tuberculin Skin Test) and a live vaccine must be done on the same day or separated by 30 days. If done sooner, there is potential for a false positive, resulting in increased cost and unnecessary treatment (chest x-rays).

TB Blood Tests - Interferon Gamma Release Assays (IGRAs) are blood tests used to determine if a person is infected with M. tuberculosis. The IGRA measures the immune response to TB proteins in whole blood. The IGRA tests most commonly available are the QuantiFERON Gold In-Tube (QFT-IT) and TSPOT tests.

Note: If you have a positive TB Test result, you must have a separate medical evaluation by your healthcare provider. If you have a history of positive TB test results, you must complete the Tuberculosis Symptom Screening form as per Clinical Passport requirements. [Click here](#) to download the Tuberculosis Symptom Screening form.

Annual Tuberculin Status

Annual Tuberculin Status must be confirmed within 12 months from the previous testing administration date. Annual TST requirement may be met through completion of one of the following:

- 2-step TST
- 1-step TST
- TB IGRA
- New positive results of TB or History of Positive TB.

TUBERCULIN STATUS The Tuberculin Status requirements can be met through completion of one of the following:

- A. Completed 2-step TST
 - If first TST is positive, with no prior history of disease, then an IGRA with a provider examination and Chest X-ray is recommended to confirm.
- B. TB IGRA
- C. New positive Results of TB then provide date of Exam/X-ray
 - Accompanying treatment documentation may be requested on a case-by-case basis.
- D. History of Positive TB results then provide date of Exam/x-ray
 - Accompanying treatment documentation may be requested on a case-by-case basis.

TUBERCULIN STATUS

- Annual TST OR
- Annual TB IGRA test
- If newly positive TST/IGRA results: F/U with healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and may need to complete health questionnaire.
- Previously documented positive TST results and prior negative chest X-ray results. Complete Annual Symptom Check Form. If any “yes” responses: F/U with healthcare provider.
- Download Annual Symptom Check form: [\(Self Screening\)](#)

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HEPATITIS B

The Hepatitis B requirement can be met through completion of one of the following:

- **3-series** (Recombinex HB or Energix-B or Recombivax HB) Series shots at 0, 1, 6 months plus titer confirmation 6-8 weeks later.
 - For persons who do not respond to the primary hepatitis B vaccine series they must complete a second vaccine series. For the second series, a different brand of vaccine should be administered. If negative titer after initial series of 3 vaccines, then vaccine #4 and re-titer OR #5 and #6 vaccines and re-titer.
- **2-series** (Heplisav) Series shots are administered one month apart.
 - If negative titer after initial series of 2 vaccines, then vaccine #3 and re-titer and #4 vaccines and re-titer
- **Immunity by Titer** (anti-HBs or HepB Sab)
- **History of Disease/non-converter**

HEPATITIS B The hepatitis B requirement can be met through completion of one of the following:

- A. 3-series (Recombinex HB or Energix-B or Recombivax HB) Series shots at 0, 1, 6 months plus titer confirmation 6-8 weeks later.
 - For persons who do not respond to the primary hepatitis B vaccine series they must complete a second vaccine series. For the second series, a different brand of vaccine should be administered. If negative titer after initial series of 3 vaccines, then vaccine #4 and re-titer OR #5 and #6 vaccines and re-titer.
- B. 2-series (Heplisav) Series shots are administered one month apart.
 - If negative titer after initial series of 2 vaccines, then vaccine #3 and re-titer and #4 vaccines and re-titer
- C. Immunity by Titer (anti-HBs or HepB Sab)
- D. History of Disease/non-converter

* Signed Declaration: A student is permitted in the clinical setting if they have begun, but not yet completed, their Hep B vaccine series. A signed declaration is required if the student is in process and has not completed their vaccine series.

Note: A Student is permitted in the clinical setting if they have begun, but not yet completed, their Hep B vaccine series. A signed "Series in Process Form" (declination form) is required if the student is in process and has not completed their vaccine series.

Non-Responder. Approximately 5-10% of people do not develop protective antibodies following the completion of the hepatitis B vaccine series. This is confirmed with a blood test called an anti-HBs titer test which is given 4 weeks following the completion of the series. If the test shows the titer is less than 10 mIU/mL the general recommendation is to complete the series again using a different brand of vaccine (e.g. if you received Engerix B, the first time, switch to Recombivax the 2nd time or vice-versa). A person is considered to be a "non-responder" if they have completed 2 full vaccination series' without producing adequate protective antibodies.

MMR (Measles, Mumps, Rubella) or MMRV (Measles, Mumps, Rubella, Varicella).

You are required to have 2 MMR vaccines or proof of titer (3 titers, one each of Measles [Rubeola], Mumps and Rubella).

NOTE: In most cases getting the MMR/MMRV is far less expensive than having blood titers drawn. Revaccination with MMR is safe. MMRV is accepted if received prior to the age of 12 years.

MMR (Measles, Mumps, Rubella) or MMRV (Measles, Mumps, Rubella, and Varicella)

- A. MMRV is accepted if received prior to the age of 12 years.
 - Proof of Measles immunity by titer **and**
 - Proof of Mumps immunity by titer **and**
 - Proof of Rubella immunity by titer

VARICELLA

- Proof of vaccination (2 doses administered at least 4 weeks apart) **OR**
- Proof of immunity by titer

VARICELLA

You are required to have 2 Varicella vaccines or proof of titer.

NOTE: The titer is only recommended if you have had chicken pox disease. Titer after Varicella vaccine is not recommended by the CDC as most Varicella tests are not sensitive enough to detect antibody level for immunity post vaccination.

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TETANUS

Students and faculty are required to show proof of one dose of Tdap. After initial dose of Tdap is required followed by a subsequent dose of Td or Tdap every 10 years.

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

- 1 initial dose of Tdap required followed by a dose of Td or Tdap every 10 years.

COVID-19

Vaccine information must include the vaccine manufacturer, 1 or 2 dose series, date of first dose, date of second dose (if applicable).

Covid requirements continue to update frequently, for most current requirements by healthcare partners go to the Site Requirements page on CPNW's website, select the facility name from the drop down menu, and then open the Covid-19 Healthcare Facility Updates Form.

COVID-19

- Annual information must include the vaccine manufacturer and date of vaccine.

INFLUENZA

Students and faculty are required to show:

- Proof of seasonal vaccine (either the flu shot or nasal spray flu vaccine and where administered [pharmacy, personal medical provider, etc.])

INFLUENZA

- Proof of seasonal vaccination(s)

NOTE: Some healthcare institutions require vaccination without exception. Others may allow you to decline on a basis of medical condition, religious belief or creed, or on the basis of a strongly held personal belief. That requires your signature on a declination form stating the reason for declining and committing to wear a mask at all times during flu season when in the institution. Keep in mind that all live vaccines, such as MMR, Varicella, LAIV (nasal flu) have to be administered on the same day or separated by 28 days.

Authorization for Release of Record

Healthcare organizations conduct random compliance audits of student and faculty health and safety requirements. At any time, healthcare has the authority to request proof of a student's and faculty's Clinical Passport information.

AUTHORIZATION FOR RELEASE OF RECORD

- Kept on file by education institution

Your education program will ask you to sign a form which authorizes the college to release all information contained in the Clinical Passport to those healthcare organizations which provide your learning experience. This includes all necessary background check information (including, but not limited to: National criminal background check, Washington State Patrol background check, OIG and GSA Excluded Providers database search), and immunization records. Your education program will keep this information on file. Students are accountable for reporting any crimes committed after the Release is signed and while enrolled in the education program.

MILITARY IMMUNIZATION

Students who have military experience may present with an immunization record reflecting "medical immunity" for certain vaccines. This medical immune category is a permanent exemption from receiving the vaccine based on medical screening. [Click here](#) for exemption code listing with definitions.

MILITARY IMMUNIZATION

- If immunization occurred during Military service

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ADDITIONAL REQUIREMENTS

Some healthcare settings may have additional requirements. Visit the Site Specific Requirements for your assigned facility to determine what additional requirements and/or education is required, on the CPNW website. It is the school's responsibility to also check with each organization for any additional requirements not represented within the CPNW website.

ADDITIONAL REQUIREMENTS (if applicable)

- Some healthcare settings may have additional student onboarding requirements. Visit the Site Specific Requirements for your assigned facility to determine what additional requirements and/or education is required, on the CPNW website.

BACKGROUND CHECKS

A. The school runs a National Background Check and WATCH (Washington State Patrol background check on admission/readmission).

B. Washington State Patrol Background Check (WATCH) and Criminal History Disclosure Form completed annually by the student/program and kept on file by the education institution.

C. Criminal History Disclosure: This document is completed upon admission into the education program and completed annually thereafter. This form serves as a personal attestation providing the student to disclose any criminal convictions that will be discovered on the background checks.

BACKGROUND CHECKS

- National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/re-admission and re-entry/hire to program to include all counties of residence & all Washington State counties per RCW43.43.830 and OIG and GSA screens. Excluded Provider search on:
 1. [OIG http://exclusions.oig.hhs.gov/](http://exclusions.oig.hhs.gov/) (conducted bi-monthly by CPNW)
 2. [GSA http://www.sam.gov](http://www.sam.gov) (conducted bi-monthly by CPNW)
- Washington State Patrol Background Check (WATCH) and Criminal History Disclosure Form completed annually by the student/program and kept on file by the education institution.
- If your program does not provide a disclosure form you can find one by [clicking here](#).

D. The National Criminal Background should include all of the following: Social Security Trace, County Felony/Misdemeanor (all counties form SS trace), Healthcare search (OIG, GSA, national and international terrorist lists, DHHS), National Sex offender Search, National Federal Criminal Search.

E. WATCH needs to include: Rap sheet (This is considered original source documentation that the WATCH was run correctly and is clear.), current legal name, previous name/aliases, birth date.

F. OIG/GSA are included in the initial Background Check and run bi-monthly by CPNW. If a student enters the program mid-cycle the check must be run by the school.

AHA CPR

You are required to complete an American Heart Association (AHA) BLS Provider Course and have a current Course card/ eCard at all times. AHA BLS Provider Resuscitation Quality Improvement Program (RQI) meets this requirement. The BLS Course teaches both single rescuer and team basic life support skills for application in both in and

AHA CPR

- You are required to have an:
- AHA BLS Provider Approved Course card/e-card
- AHA BLS Provider Resuscitation Quality Improvement Plan (RQI) meets this requirement
- Any BLS course not through the AHA is not accepted at this time.

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out-of-hospital settings. The course trains participants to promptly recognize several life threatening emergencies, five high-quality chest compressions, deliver appropriate ventilations, and provide early use of an AED. It includes adult, child, and infant rescue techniques.

NOTE: Course must be AHA Provider only. A course following AHA Guidelines only is not acceptable.

INSURANCE

Every student must be covered by liability insurance. Students are responsible to verify that their college provides adequate coverage. If the college does not provide coverage, students need to secure insurance from an agency.

NOTE: Some healthcare organizations may have additional requirements that are listed at the bottom of your Passport. Your education program will inform you if any of these requirements will be necessary.

INSURANCE

- Professional Liability \$1,000,000/3,000,000 policy (This may be coverage via the school or individual)

RESPIRATOR DOCUMENTATION

Verify with Program Coordinator for more information regarding this standard. Your program may have a Respiratory Questionnaire and Fit Testing process in place to meet this standard. Please ensure forms are uploaded to user's CPNW account.

LICENSE

Students and faculty are required to provide all healthcare licenses, certifications, or registrations; past or present; active or expired. State of issue and expiration date(s) are required.

LICENSE (If individual is licensed as any healthcare provider [RN, LPN, NAC, etc.] and in what specific State)

- Current
- Unencumbered

PURSUED EXEMPTIONS

Exemptions of any kind are reviewed on a case by case basis. All exemptions must be discussed between the program and facility, utilizing facility approved exemption forms. Both an approved program exemption and approved facility exemption are to be uploaded to the students CPNW account.

Pursued Exemptions (If applicable)

- Users must meet the health and safety requirements of the hosting facility. Inquiry for exemption must be initiated through the educational institution.
- Approved exemptions are to be uploaded to the individuals CPNW account.

Expiration

If any of your immunizations are set to expire in the middle of the quarter or semester, it is up to the individual to ensure that up-to-date immunizations are provided prior to the expiration date. A lapse in any requirement may result in removal from the clinical site till all requirements are once again current.