

HEALTH SCIENCE STUDENTS CLINICAL REQUIREMENTS

All students must submit to the Health Sciences office all documentation required for clinical attendance (refer to the checklist for *which* documents need to be originals or copies). Your file must be complete in order to attend clinical. Students should keep a copy of any record submitted; copies will NOT be provided by the office, nor will your file or documents be returned to you upon completion of the program. Clinical sites and potential employers may request copies of your medical records for their files, so it is important that the student keep a copy of all documentation turned into this office.

If you have questions or concerns, please stop by, call, or email us. We are here to help you and if we cannot we will get you connected with who can!

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BACKGROUND AUTHORIZATION

Submit the completed ***original*** Washington State Patrol and Disclosure Authorization form with your application packet **NOT TO the Washington State Patrol!** This form is due with your application packet, by the application deadline date. For those students in a 2-year program, you will be submitting one completed form **each** year. *No fingerprint required.*

Note: A national background check is also required by MultiCare Health System.

CRIMINAL CONVICTION DISCLOSURE FORM

CLINICAL AGREEMENT

Complete and turn in the ***original*** Health Science form. This form is an agreement made by the student to complete all required clinical documentation by the deadlines set by their program.

DRIVER LICENSE

Copy of **current** State issued driver license or identification card.

Clinical Placement Northwest

Please complete **all** aspects of the cpnw.org process. This includes completing **all** associated modules, printing out your eLearning results, as well as completing the associated MultiCare Tacoma General onboarding process.

CPR CARD

Provide a copy (front and back) of an approved CPR card. For clinical purposes, all cards expire at 1 year from the issue date on the card, regardless of the expiration date.

Approved cards are:
American Heart Association
HealthCare Provider (HCP)

Suggested CPR training providers:

Cascade Healthcare Services
Phone: 206-529-0100
Fax: 206-374-2720
Toll Free: 877-689-0100
<http://www.chealthcare.com/courses/index.cfm>

College of Medical Training
Phone: 253-566-8282
Fax: 253-566-8262
Toll Free: 888-724-6464
<http://www.collegeofmedicaltraining.com/index.htm>

DRUG SCREENING

Drug screening is a mandatory **annual** requirement (for those students in 2-year programs). Drug screening must be completed prior to submitting COMPLETED application packet and during the first week of classes (5 school days) in the 2nd year. Students must go through one of the approved MultiCare HealthWorks locations. No drug screenings will be accepted from **unauthorized** locations.

- **Form required to take to MultiCare HealthWorks**
 - While a copy of the results will be sent directly to SCC, please include a copy in your COMPLETED application packet.
 - There is a fee of up to \$75.00 for the drug screening (cash or check only, payable to MultiCare Health System).
 - Provide original payment receipt to Program Coordinator during orientation.
- Additional/subsequent drug screenings may be required by instructor and/or clinical facility.
- A positive, dilute or inconclusive results/reading of non-therapeutic use of drugs will result in program dismissal.

HEPATITIS B FORM

Complete and turn in the **original** Health Science form. This form is required whether you choose to have the HepB vaccination or not. This vaccination is *voluntary*, but highly recommended. Please provide a **copy** of proof of immunization and titer if you choose to/or have had the immunization.

FLU VACCINATION

Complete and turn in the **original** Health Science form. This form is required whether you choose to have the flu vaccination or not. This vaccination is *voluntary*, but highly recommended. Please provide a **copy** of proof of immunization if you choose to/or have had the immunization. This is an annual vaccination, please update your file accordingly.

LICENSE (Nursing students only)

If you are currently a LPN, NAC or CNA, you must provide a copy of your license.

MEDICAL INSURANCE (HEALTH INSURANCE)

Provide a **copy** of proof of Medical/Health Insurance (If you have a medical insurance card; you need to submit a copy for your file.)

- If you have not received your health insurance card yet, a letter or copy of registration form will be accepted until a card is received
- Copies of DSHS coupons are accepted, but are required to be updated monthly
- For those with military insurance a copy of the ID used is accepted
- Medical/Health Insurance may be purchased (quarterly) at the SCC Cashier's Office located in building 50 (the Max Snyder Building). Provide a copy of the receipt as proof of purchase.

MMR

Provide **copy** of proof of two (2) doses of the Measles(Rubeola)/Mumps/Rubella vaccination received after age 1 and at least 1 month apart.

OR....

A copy of titer results indicating immunity for **each (Measles/Mumps/Rubella)**.

Note: You cannot be tested for TB for 6 weeks following the MMR vaccine (or any other live vaccine). Get your TB testing done first!

PHYSICAL

Return the **original** Health Science form (**copies not accepted**). We will accept a direct fax of the physical from your provider. The Westside fax number is 253-403-3491.

- Physical must be current (within 6 months of start of program)
- Form must be signed & dated by healthcare provider
- The physical form will be returned to the student if it is not complete

VARICELLA (CHICKEN POX)

Provide a **copy** of proof of Varicella immunity.

Varicella vaccine: 2 doses required, at least 1 month apart, must be initialed and dated by a healthcare provider.

Or

A **copy** of a titer indicating immunity

TB TEST

Choice of one of the following:

- **Copy** of 2 separate TB skin tests given within three weeks of each other completed within the past year.
- A positive test will need to be followed up with documentation showing completed treatment as prescribed by a physician

All students are required to update their TB test annually.

Students may choose one of the following:

All documentation should include the date the test was given, the date the test was read, and the results of the test.

Note: You cannot be tested for TB for 6 weeks following the MMR vaccine (or any other live vaccine). Get your TB testing done first!

TDaP

Provide **copy** of proof of Tetanus, Diphtheria, and Pertussis vaccination.

(TDaP is good for 10 years from date of vaccination).

Must be initialed and dated by a healthcare provider.

HEPATITIS B

Provide a **copy** of proof of Hepatitis B series completion and titer (if completed) showing immunity.

Applications can be accepted with proof the immunization series has been started