

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:

Terri Smith, MSN, RN-CNL
Clinical Education and Professional Development
3400 NW Expressway, Suite 602
Oklahoma City, OK 73112
(o) 405.949.4116
(f) 405.713.7653
Terri.smith@integrisok.com

If you are an INTEGRIS employee, it is not necessary for you to submit requirements 2-4.

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, including but not limited to H1N1.
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 liability insurance
7. _____ Copy of practicum objectives
8. _____ Signed Student Confidentiality Agreement (available in orientation packet)
9. _____ Copy of preceptor agreement signed by the practitioner agreeing to serve as the clinical preceptor
10. _____ Letter of agreement from **physician** preceptor (must include a statement of understanding that the physician will assume responsibility for student's practice while in the clinical setting)
11. _____ Review Student/Faculty Orientation packet: <http://integrisok.com/orientation>

By signing below, I confirm I have read the information contained in the 2015-2016 INTEGRIS Health Student and Faculty 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: _____

Email Address: _____