

## Pinnacle Health Document Confirmation

Date:
School:
Program (and grade level):
Semester Inclusive Dates: From:    /    /2017 to    /    /2017
Instructor/Advisor:
Phone:
Email:
Expected Graduation Date:
Information Verified By:
Phone:
Email:

The party verifying this information confirms that student(s) named below (add lines if needed) have submitted the listed requirements and that documentation of each is on file at the school. After receipt of this completed document, the student(s) will be eligible to participate in a clinical experience at a facility of the Pinnacle Health Hospitals, Pinnacle Health Medical Services, Pinnacle Health Cardiovascular Institute, Inc and/or Pinnacle Health Medical Group, Inc

1. Physical exam (verifying the student is physically able to participate in the program, health screenings, (including drug screen and PPD), and immunizations (including all recommended immunizations and annual flu vaccine).
2. Satisfactory background checks completed within 1 year prior to start of the experience at Pinnacle
  - a. Pennsylvania Criminal History Record Check
  - b. Pennsylvania Child Abuse History Record Check - DPW
  - c. Federal Criminal Background Report – Cogent Systems
3. Current BLS
4. Health Insurance (student notified of financial responsibility for services if no insurance)
5. Liability Insurance, professional when applicable

	Student Last Name	Student First Name	Clinical Site(s)	Hours Required
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				