

# UPMC Passavant

## Student / Faculty Competency Verification Form for Externship

### Extern Information

Last Name	First Name	Middle Initial	DOB
Current Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Cell Phone	Home Phone	Email Address	
School	Major	School Contact/Phone	
Emergency Contact:		Emergency Contact Phone:	
Externship Start Date		Externship End Date	
Hosting Department		Mentor/Preceptor	
Total number of hours of externship:			

### All students are required to complete the following:

- UPMC Confidentiality Agreement [Confidentiality Agreement for Students and Visitors](#)
- Background Clearances: Act 33: PA Child Abuse History, Act 34: PA Access to Criminal History, and Act 73: FBI Criminal History Record Clearance [Clearances](#)
- Written verification of a health examination completed **according to the guidelines on your school's student experience agreement**
- TB Testing: Proof of **2 step** PPD/Mantoux Tuberculosis Screen (must be completed within 3 weeks of each other and not more than 1 year old) **OR** QuantiFERON tb-Gold
- Proof of Influenza Vaccination (**Completed within the past 12 months**)
- Copy of Immunizations: Hepatitis B, Rubella Titer, and Varicella
- COVID vaccination status: Vaccinated or not vaccinated. If vaccinated, please send a copy of your vaccine card.
- Volgistics Application [UPMC Volunteer and Community Services Application Form](#)
- School Liability Insurance
- Mandatory Training Modules (list on next page) **Print the certificates of completion to retain in your file.**

**Mandatory Training Modules for all at UPMC:**

**Access modules at:** <https://www.upmc.com/healthcare-professionals/education/mandatory-training>

	Bloodborne Pathogens		Infection Prevention
	Compliance and Ethics Review		Information Security Awareness
	Emergency Preparedness		Patient Safety
	Workplace Violence		Privacy Awareness
	Environment of Care		Stroke Awareness
	Equity in the Workplace		Understanding the Elder Justice Act
	Harassment-Free Workplace		Understanding Infant Security
	EMTALA: Emergency Medical Treatment & Labor Act		

Once completed, please return this form 10 days prior to the start of the rotation.

It can be emailed to: [casesda@upmc.edu](mailto:casesda@upmc.edu)

Retain a copy of this form for your files.

Your signature indicates that the mandatory requirements and above education has been completed by you and/or your students. Only faculty who will be onsite need to complete requirements.

These educational/training requirements are to be completed once each year for clinical rotations at UPMC and **all records are to be retained by the school.**

Faculty Name – Please print	Faculty Signature	Date

**This must be submitted and approved prior to students beginning their rotation.**

**UPMC can request copies of the above requirements at any time.**