

# SHARP

HEALTHCARE

**PLACEMENT REQUEST FORM      DATE:**

<b>SCHOOL NAME:</b>	
<b>STUDENT'S NAME:</b>	<b>STUDENT'S PHONE #:</b>
<b>INSTRUCTOR:</b>	<b>INSTRUCTOR'S PHONE #:</b>
<b>PROGRAM</b>	<b>COURSE #:</b>
<b>ROTATION WILL START:</b>	<b>ROTATION WILL END:</b>
<b>THE TOTAL NUMBER OF HOURS STUDENT NEEDS IS:</b>	<b>WHAT SHIFT:</b>
<b>DAYS AVAILABLE:</b>	<b>PRECEPTOR'S NAME (if known):</b>
<b>WHAT FACILITY :</b>	<b>HAS PLACEMENT BEEN APPROVED BY THE SITE?</b>
	<b>If so, who approved: PHONE NUMBER:</b>
<b>MANDATORY: (All Students and Instructors): Must complete compliance education modules on student web site: <a href="http://www.sharp.com/b2b/students.cfm">www.sharp.com/b2b/students.cfm</a>.</b>	
<b>INSURANCE INFORMATION: (For clinical students) - A <u>certificate</u> of Professional Liability must be attached or on file at Sharp's SRN/Affiliation office.</b>	

(APPLIES TO ALL STUDENTS and INSTRUCTORS on site with students)

Check items in compliance: Must have documentation showing done but DO NOT SEND records at this time.

	2 step Mantoux PPD tuberculosis test which, if positive, follow with negative chest x-ray and Health Department's guidelines for treatment. Returning students must have annual Mantoux PPD test and if positive follow with negative chest x-ray.
	Measles (rubella and rubeola) and Mumps: by a positive titer, physician's diagnosis of disease; or two doses of vaccine
	Immunizations: Tdap given in 2005 or later. (tetanus, diphtheria, acellular pertussis)
	Varicella immunity: by a titer, physician's diagnosis of disease; or two doses of vaccine.
	CPR - Will be required if the area the student is in requires it
	Hepatitis B recommend for those in clinical areas: 3 shot series plus titer or if refused -sign declination
	Background check and drug screen completed according to Sharp's specific criteria.
	<b>*If learning experience is in: Women's Services, neonate, pediatric, urgent care or emergency department but be compliant with Varicella as noted above and have one does of Tdap (tetanus, diphtheria, acellular pertussis) vaccine if last TD(tetanus diphtheria) vaccine was two years or more ago.</b>

DATE: \_\_\_\_\_ Student Signature: \_\_\_\_\_