

UNIVERSITY OF IOWA HOSPITALS & CLINICS (UIHC) STUDENT CHECKLIST FORM

Student Name (Printed): _____
School: _____

Dates of Program Semester: _____
Academic Discipline _____

All Internship or Clinical Rotation Students Begin Here

1. Sponsoring School Requirements

| | Date Completed |
|--|----------------|
| Required | |
| Criminal Background Check | |
| Health Screening: Initial (required by your school) | |
| Mandatory Response for Covid Vaccine Status | |
| Mandatory Response for Influenza Vaccination | |
| Measles (Rubeola) Immunity Screening | |
| Mumps Immunity Screening | |
| German Measles (Rubella) Immunity Screening | |
| Varicella Immunity Screening | |
| TB Screening | |
| N95 Respirator Fitting (if required for clinical placement) | |
| Recommended | |
| Tetanus, Diphtheria and Pertussis (Tdap) | |
| Hepatitis B | |
| <hr style="width: 40%; margin-left: auto;"/> Verified by Sponsoring School or Student Sign and Date | |

2. Student Requirements via [Student Website](#)

| | |
|--|--|
| 1. Online learning module completion through CQ system (<i>upload</i>) | |
| 2. Proof of Health Insurance form (<i>upload</i>) | |
| 3. Mandatory Reporter for Child and Dependent Adult Abuse Certificate (<i>upload</i>) | |
| 4. Student Checklist Form (<i>upload this form with section 2 completed and signed Kirkwood will complete entire form before upload</i>) | |
| 5. Student COVID-19 Safety Attestation (<i>complete via online survey</i>) | |
| <hr style="width: 40%; margin-left: auto;"/> Verified by UIHC Secretary Sign and Date | |

3. Hands-On Training – Kirkwood students complete at school; all other students complete at UIHC.

NOT required for graduate programs, surgical technician programs, and observation placement. ARNP placements will need Epic training only.

| | Date Completed |
|--|----------------|
| Epic Training | |
| Alaris Pump Training | |
| Point of Care Blood Glucose Hands-On | |
| <hr style="width: 40%; margin-left: auto;"/> Verified by Kirkwood or UIHC Secretary Sign and Date | |

Sign below after all applicable sections above are complete

| | | |
|--|------------------------------|------------------------|
| | Student Sign and Date | Student Initial |
| <hr style="width: 40%; margin-left: auto;"/> UIHC Director of Nursing Education Sign and Date | | |

Written: 9/99
Revised: 1/00; 3/01; 9/03; 10/07; 2/09; 4/11; 11/14; 1/16; 1/19; 11/19, 1/20, 4/20, 8/20, 5/21, 12/21, 1/22, 3/22
Reviewed: 7/01; 7/13; 12/17, 11/19, 1/20, 4/20, 8/20, 12/21, 1/22

Students enrolled in course work at University of Iowa (UI) Hospitals & Clinics facilities are required to meet the Centers for Medicare and Medicaid Services (CMS) COVID-19 health care staff vaccination rule that requires individuals to either document their vaccination or document their exemption. Students who are onsite at least 10 days per year at a UI Hospitals & Clinics facility, will need to provide evidence of being fully vaccinated, a medical exemption, or a religious/strongly held belief exemption. You are receiving this email as an administrator at an institution that sends students to UI Hospitals & Clinics. **On Friday, March 4, 2022, all students received notification of this requirement through their university email (ending in uiowa.edu).**

We realize that some students have already provided this information into other systems, however students are required to upload this documentation into University of Iowa’s Compliance & Qualifications (CQ) system that will be used for CMS compliance.

Students are asked to indicate compliance through one of the following options presented on their [CQ dashboard](#) by Tuesday, March 15:

1. Submitting proof of COVID-19 vaccination information by [completing the form and uploading proof of vaccination](#); or
2. Applying for a [medical exemption](#); or
3. Submitting an attestation for a [religious or strongly held belief exemption](#)

A list of frequently asked questions can be found on [The Loop](#) and a guide to logging into CQ can be [found here](#) (find their hawk ID and set up a password access and Duo two factor authentication on uiowa.edu email, and accessing the University of Iowa’s Compliance and Qualification’s CQ system).

We thank you for assisting us with this important CMS requirement.

| Sign below after all applicable sections above are complete | |
|---|------------------------|
| _____ Verified by UIHC Secretary | _____ Sign and Date |
| _____ UIHC Director of Nursing Education Sign and Date | |

Written: 3/22
Revised:
Reviewed: