

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 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	
_____ 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>)	
_____ Verified by UIHC Secretary Sign and Date	

3. Online Hands-On Training – Follow instructions from your school.

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

	Date Completed
Epic Training	
Point of Care Blood Glucose Hands-On (if requested by school)	
_____ Verified by Kirkwood or UIHC Secretary Sign and Date	

Sign below after all applicable sections above are complete

_____ Student Sign and Date	_____ Student Initial
_____ UIHC Director of Nursing Education Sign and Date	