Requirement Form for licensed Undergraduate and Graduate Students

This form is designed to assist you in expediting the clinical placement of graduate students. In order to comply with Montefiore’s policies, we ask that the faculty/student submit the following in a complete package.

NAME OF STUDENT: DATE:

SCHOOL:

☐ Letter from faculty with beginning and completion dates of the clinical practicum, preceptor name and location

☐ Attestation from school that student has successfully passed a criminal background check and drug test (this is not needed for students who are Montefiore Associates)

☐ Copy of current New York State RN license verification from the NYS Office Of the Professions website (http://www.op.nysed.gov/opsearches.htm)

☐ Copy of malpractice insurance

☐ Copy of BCLS card issued by American Heart Association or Red Cross

☐ Health clearance including PPD(done within the past year)

☐ Signed HIPAA sign in sheet

☐ Signed Acknowledgement in the Orientation Manual (Last Page)

☐ Confidentiality form signed by student and kept on file at the school for 6 years

Please include your email address so that we can confirm receipt of all forms. All of the forms must be current and in effect during the students entire clinical rotation. Once all of the forms are received, a Montefiore student ID badge will be arranged from Security. The ID is a sticker that is affixed to the school ID. All students must wear a Montefiore student ID badge when in the clinical area.

**All documents must be scanned and emailed in one complete package to Manuela Bonnesen (mbonnese@montefiore.org)**

Signed By

Faculty Member’s Signature