



Student/Instructor Attestation Sheet for Clinical Rotations

Please indicate the campus for the clinical rotation: Baptist Baton Rouge Elmwood Jefferson Hwy Kenner Northshore St Anne Westbank

Name of School: _____

Clinic Clinic Site: _____

Program Type: MA LPN BSN MSN/MN Medical Student Allied Health (program): _____

Other: _____

Inclusive Dates of Clinical Rotation: (MM/DD/YYYY) to (MM/DD/YYYY) Clinical Unit/Department: _____

Please complete the following grid. A check mark indicates compliance. This form must be submitted to the Academic department PRIOR TO beginning the clinical rotation. School will maintain documentation for ALL items listed, which are included in the current Affiliation Agreement between Ochsner and School. Per Agreement, this information must be available upon request.

Name of Student /Instructor Rotation Dates Assigned Dept Preceptor	OIG/GSA Verification	Current BLS (AHA) For all clinical rotations	Does student have Current Health Insurance Coverage ¹	Proof of Negative TB test (within 12 months) or Health Screen Form	Positive Titer: Rubella	Positive Titer: Mumps	Positive Titer: Measles	Positive Titer: Chicken Pox	Hepatitis B Vaccine complete, or declination form signed	Drug Screen completed (cleared and appropriate to work in Hospital Setting)	Negative Background Check (cleared and appropriate to work in Hospital Setting)	Checked Sexual Offender Registry (La. and State of Student Residency) (cleared and appropriate to work in Hospital Setting)	Current Influenza Vaccination Must have received prior to Spring rotation	LA License if out of state Nursing student
	(√)	(√)	(Y/N)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√) or N/A

I acknowledge and attest that we own, and have in our possession, the above documentation and reports. I also acknowledge and agree to regular compliance audits by Ochsner Health System to ensure documentation is available upon request. By the execution hereof, School hereby warrants and confirms to Ochsner the accuracy of the information provided above as of Date: . By: Title:

¹ Ochsner recommends health insurance.