



DEPARTMENT OF CLINICAL RESEARCH
STUDENT RESEARCH AFFILIATE REQUIREMENTS CHECKLIST

NAME: _____

- ☐ Copy of CPR Card
- ☐ Scope of Practice
- ☐ DCR – UMC Employee Health Registration
- ☐ MMR [Measles (Rubeola)/Mumps/Rubella] Titer Results **or** MMR X 2 Vaccinations
- ☐ Hepatitis B Antibody & Antigen Titers **or** Hepatitis B X 3 Vaccinations
- ☐ Varicella Titer or Vaccination
- ☐ Tuberculin Skin Test
- ☐ Verification or Declination of Flu Vaccination
- ☐ Letter of Attestation: Background Check & Drug Screening
- ☐ Computer Access Request Form **Complete Employee Portion**
- ☐ Non-Employee HR Packet
- ☐ Student Clinical Research Contact Form
- ☐ Completion of **Online General Orientation: GO Key Elements & EPIC/Pelican Training** (For set-up, please contact Janaea K. Brown at (504) 702-5005 or Janaea.Brown@lcmchealth.org only after the other components of the credentialing package are submitted).
- ☐ Attestation for Student Clinical Research Affiliates Form **Submit after completion of Online General Orientation**

The above documentation can be mailed, delivered or emailed to:

University Medical Center New Orleans

Department of Clinical Research

Mailing Address: 2000 Canal Street, New Orleans, LA 70112

Main Entrance: 2001 Tulane Avenue, New Orleans, LA 70112

Diagnostic & Testing Building – Floor 5

Office Space 5741: Hospital 5747

Email: Janaea.Brown@lcmchealth.org