

Registration Checklist for Clinical Experience (required documentation) Revised 7/11/11
 (To be submitted prior to registering for each practicum & prior to externship; refer to CSD web page for forms)

_____ Full-Time Summers-Only P1 P2 P3 Externship
 Print Student Name (Circle One) (Circle one of the above)

My contact phone number during this experience will be _____

Indicate submission of the following by writing "A" in the 1st blank if the document is Attached, or "OF" in the 2nd blank if the document is already On File. Expired documentation will result in being administratively dropped from your clinical experience. **A or OF**

Practicum Information form or Externship Information form (www.csd.nau.edu > CSD forms) must be submitted before each clinical experience. _____

HIPAA Test with "Passed" results: Take online at CSD home page > Forms; print out results & attach. _____

Student Responsibility Statement (on CSD website-submit one time only, before 1st practicum) _____

Client Confidentiality Policy (on CSD website-submit one time only, before 1st practicum) _____

Copy of **Immunization Record** (Must submit copy of actual record, or obtain Peoplesoft and Internal detailed data records from the Fronske Health Center; MMR is required; Hepatitis B series is required unless you sign a waiver.) _____

Copy of Observation Hrs: must be completed prior to registering for 1st practicum; utilize form "Observations at a non-NAU site" on CSD website (www.csd.nau.edu > CSD forms); or form from another site with similar information, if taken prior to NAU; or transcript with observation class & the course description. (25 hrs) _____

The following items must remain current at **ALL** times throughout each clinical experience. If a document expires during a clinical experience, you must submit a copy of the updated renewal to remain in the class.

Write in the applicable expiration dates & indicate if the document is: **Attached or On File.**
Expiration Date **A or OF**

Arizona Fingerprint Clearance Card: EVERYONE must obtain an AZ application from Az DPS at 602-223-2279; ask for "**Regular**" appl'n; check "*Volunteer*" & "*Health Science Student*" & Clinical Ass't (ARS15-1881)" boxes. Obtain fingerprints & mail appl'n per instructions. _____

TB Test (copy of negative results, renewed and submitted yearly; the "expiration date" is one year from when the test was taken, not the *vaccine serum* expiration date on your form. If your TB tests routinely show a false positive, we will need a statement from your physician or medical facility to that effect.) _____

Copy of Current CPR Card (may need renewal) _____

Copy of current, privately-purchased \$1,000,000 **liability insurance policy**. (Must show beginning and ending dates of coverage). You may purchase _____ coverage early and set the Effective Date to just before your practicum begins. For options, try HPSO.com, marsh.com, etc.) _____

Submit THIS signed form and all appropriate documents as 1 complete packet (place this page on top & other documents, including any proofs of renewal, in the order listed above). Allow 2 weeks then register for course.

The Clinical Practicum Information Form / Externship Information Form, the Registration Checklist and all associated documents must be current and in the CSD office prior to registering for CSD 602 / CSD 608.

I attest that I have had the required hours of CSD graduate coursework, per my Program of Study, prior to registering for my first practicum. I am aware that I must turn in the above information within the timeframes indicated and that it is my responsibility to ensure the most current information is on file with the Department for all subsequent clinical experiences. Should any information be missing or outdated, I am aware that I may be administratively dropped from this course and will not be awarded a grade for any current practicum or externship until all documents are on file. I will monitor my NAU e-mail account for any official communications.

 Student Signature NAU LOUIE ID # Semester/Yr of This Practicum

SAVE A COPY OF THIS COMPLETED FORM AS REFERENCE FOR YOUR NEXT CLINICAL EXPERIENCE **Approved** _____
Dept. use only