

Vascular Access Ultrasound Training Workshop With 5 Days Precepting Required Documents Checklist

Thank you for your interest in participating in the Vascular Access Ultrasound Training with Precepting. To ensure your approval and attendance, please submit the required documents listed below to PICC Excellence within **21 days** of registration. **Approval** from the hospital is **essential** before attending the workshop. Please note that failure to provide the necessary information within the specified time frame may result in rescheduling your training for a later date, regardless of your registration or payment status.

Name:	Date of Birth		
Street Address:	City	State	Zip
Cell Phone:	SS #	<i>Only used for the purpose of this workshop</i>	
Preferred Attendance Dates:	1)	2)	

This workshop includes: PICC, UGPIV and Midline training plus Ultrasound education.

Documents **Required** to be Submitted:

1. _____ **Resume**
2. _____ **Valid Maine State license or Valid compact license.** (Visit Nurse.org to verify if your state is participating in the Nursing Licensure Compact)
3. _____ **Professional Liability Insurance** – this is an individual policy with limits, that must be 1 million each claim and 3 million annual aggregate (Visit NSO to get a quote)
4. _____ **Proof of immunizations:**
 - _____ Measles MMR Waiver date: _____
 - _____ Mumps
 - _____ Rubella
 - _____ Varicella Varicella Waiver Date: _____
 - _____ Hepatitis B Hepatitis B Waiver Date: _____
 - _____ COVID-19 ***Must provide proof of vaccination or medical exemption***
 - _____ Tuberculin test ***Either PPD (skin test) T-spot, or QuantiFERON Gold tested within 12 months of date of clinical experience. For a positive PPD, Chest X-ray is on file.***
 - _____ Influenza Vaccination ***Required October thru April or proof of medical exemption.***



- 5.a _____ Background screening checks by PICC Excellence, in accordance with Joint Commission Standards and Facility Policy compliance, make sure that learners pass a thorough background screening covering the following aspects:
- | | |
|-------------------------------------|-----------------------------------|
| Social Security Address/Alias Trace | National Sex Offender Search |
| Office Of Inspector General Search | Excluded Party List System Search |
- 5.b _____ **Learner is responsible for State of Residence Criminal Background Search –**
This can be applied for online at [Criminal Watchdog](#)
6. _____ Proof of completion of online education in your field of study. You must complete the pre-requisites **14** days prior to your scheduled workshop. (The summary can be found in your online account)
7. _____ Confidentiality of Patient Information and Other Information – page 5
8. _____ Central Maine Healthcare Student Informational Handbook – page 16

Kindly submit copies of each document, including your **State Background Screening**. You have the option to upload PDF copies of these required documents directly to your online PICC Excellence account. Alternatively, you may choose to email them to our office at information@piccexcellence.com or send hard copies via mail to our office address.

Please feel free to reach out to us anytime. Your questions and concerns are important to us. We're here as your dedicated resource, eager to provide you with information and assistance.

Lisa Siewert, Workshop Coordinator

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