

Checklist for Shadowing/Observation Workshop

St Josephs Regional Medical Center

Please turn in all documentation for immunizations and signed forms to:

info@piccexcellence.com

Workshop Coordinator - PICC Excellence, Inc.

888 714-1951 t * 706 377-3360 o

These items should be turned in asap, all together, at one time. They must be reviewed and approved by the St Josephs RMC workshop coordinator. Then can we schedule your dates to shadow at SJRMC.

Your Name _____ DOB _____

Home address: _____ city/state/zip _____

Cell phone: _____ (this will NOT be shared, except in conjunction with this workshop)

Dates you wish to attend: _____

Documents: (save all as pdf documents, email all to Nancyrene@piccexcellence.com)

Background:

- Criminal Background Check within the last year. Criminal history and SS# validity. (PICC Excellence will take care of this, **you may call in your SS# to our office**)
- Learners professional liability insurance – the limits of which shall be 1M per claim and 3M aggregate

Immunizations: Diagnostic laboratory testing which includes Titers for

- Measles, Mumps Rubella
- Varicella (chickenpox)
- Influenza Vaccination
- Hepatitis B Core Antibody, AND Hepatitis B Surface Antigen
- Negative test results for NIDA standard panel urine drug screen

PPD:

- Documentation of two negative two-step PPD skin test for Tuberculosis (or one PPD test if proof of one negative PPD test within the last year is submitted) or a negative TB blood test such as Quantiferon-TB Gold or T-Spot TB Test
- If PPD Test or TB Blood Test is positive, a negative Chest X-ray is required

Doc Checklist for SJRMC_Handbook_doc.pdf – read the hospital Critical Facts and Code of Conduct Handbook, then sign the documents listed below. Save each as a pdf and return to the coordinator for your workshop.

- Attestation for SJH Code of Conduct (digitally sign, end of doc)
- Assumption of Risk Student Acknowledgement in the Era of COVID-19 (dig. signature)
- HIPAA Confidentiality Statement (dig. signature, final page)

- Copy of your current professional license
- Copy of your current BSL card (CPR)
- EH N95 Fit Test

Proof of completion of online prerequisites for the workshop you are attending, the education is in your online account. When you complete the education, take a picture of your certificate with your phone to **show the instructor** the first day.

Please email each document in pdf format to info@piccexcellence.com.

Your registration for this Workshop is not complete until this documentation is submitted and approved by St Josephs Regional Medical Center Clinical Coordinator.

Please direct questions and all required documentation to:

Workshop Coordinator

info@piccexcellence.com

PICC Excellence, Inc.

18 East Johnson Street

Hartwell GA 30643

888 714-1951 * 706 377-3360