

Student/Faculty Clinical Passport Guidance

The Clinical Passport is a digital PDF and should not be handwritten.
For best results, we recommend the free version of Adobe that can be downloaded by [clicking here](#)

By contract with your academic institution, all students and faculty participating in learning experiences at this healthcare site must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met prior to participation in the clinical experience. Records will be kept at the academic institution and random review by the clinical affiliates will occur on a regular basis. Documentation must meet requirements at all times. Required immunizations must include mm/dd/yyyy if available.

SUBMITTED ONCE

TUBERCULIN STATUS The Tuberculin Status requirements can be met through completion of one of the following:

- A.** Completed 2-step TST
 - If first TST is positive, with no prior history of disease, then an IGRA with a provider examination and Chest X-ray is recommended to confirm.
- B.** TB IGRA
- C.** New positive Results of TB then provide date of Exam/X-ray
 - Accompanying treatment documentation may be requested on a case-by-case basis.
- D.** History of Positive TB results then provide date of Exam/x-ray
 - Accompanying treatment documentation may be requested on a case-by-case basis.

HEPATITIS B The hepatitis B requirement can be met through completion of one of the following:

- A.** 3-series (Recombinex HB or Energix-B or Recombivax HB) Series shots at 0, 1, 6 months plus titer confirmation 6-8 weeks later.
 - For persons who do not respond to the primary hepatitis B vaccine series they must complete a second vaccine series. For the second series, a different brand of vaccine should be administered. If negative titer after initial series of 3 vaccines, then vaccine #4 and re-titer OR #5 and #6 vaccines and re-titer.
- B.** 2-series (HepSivav) Series shots are administered one month apart.
 - If negative titer after initial series of 2 vaccines, then vaccine #3 and re-titer and #4 vaccines and re-titer
- C.** Immunity by Titer (anti-HBs or HepB Sab)
- D.** History of Disease/non-converter

* Signed Declination: A student is permitted in the clinical setting if they have begun, but not yet completed, their Hep B vaccine series. A signed declination is required if the student is in process and has not completed their vaccine series.

MMR (Measles, Mumps, Rubella) or MMRV (Measles, Mumps, Rubella, and Varicella)

- A.** MMRV is accepted if received prior to the age of 12 years.
 - Proof of Measles immunity by titer **and**
 - Proof of Mumps immunity by titer **and**
 - Proof of Rubella immunity by titer

VARICELLA

- Proof of vaccination (2 doses administered at least 4 weeks apart) **OR**
- Proof of immunity by titer

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

- 1 initial dose of Tdap required followed by a dose of Td or Tdap every 10 years.

COVID-19

- Vaccine information must include the vaccine manufacturer, 1 or 2 dose series, Date of first dose, date of second dose (if applicable).

AUTHORIZATION FOR RELEASE OF RECORD

- Kept on file by education institution

MILITARY IMMUNIZATION

- If immunization occurred during Military service

ADDITIONAL REQUIREMENTS (if applicable)

- Some healthcare settings may have additional student onboarding requirements. Visit the Site Specific Requirements for your assigned facility to determine what additional requirements and/or education is required, on the CPNW website.

SUBMITTED YEARLY

TUBERCULIN STATUS Annual Tuberculin Status must be confirmed less than one year from the previous testing administration date. Annual TST requirement may be met through completion of one of the following:

- 2-step TST
- 1-step TST
- Annual TB IGRA
- If New Positive TST or IGRA Exam/Chest X-ray
 - Accompanying treatment documentation may be requested on a case-by-case basis.
- For known history of positive/possible Treatments:
 - Download Annual Symptom Check form: ([Self Screening](#))

INFLUENZA

- Proof of seasonal vaccination(s)

BACKGROUND CHECKS

- National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/re-admission and re-entry/hire to program to include all counties of residence & all Washington State counties per RCW43.43.830 and OIG and GSA screens. Excluded Provider search on:
 1. [OIG http://exclusions.oig.hhs.gov/](http://exclusions.oig.hhs.gov/) (conducted bi-monthly by CPNW)
 2. [GSA http://www.sam.gov](http://www.sam.gov) (conducted bi-monthly by CPNW)
- Washington State Patrol Background Check (WATCH) and Criminal History Disclosure Form completed annually by the student/program and kept on file by the education institution.
- If your program does not provide a disclosure form you can find one by [clicking here](#).

AHA CPR

- You are required to have an:
- AHA BLS Provider Approved Course card/e-card
- AHA BLS Provider Resuscitation Quality Improvement Plan (RQI) meets this requirement
- Any BLS course not through the AHA is not accepted at this time.

COVID-19

- Annual information must include the vaccine manufacturer and date of vaccine.

INSURANCE

- Professional Liability \$1,000,000/3,000,000 policy (This may be coverage via the school or individual)

REQUIRED EDUCATION

- Each healthcare organization will communicate to faculty and students any required educational content to be completed prior to participation in the clinical experience.
- The Clinical Passport is intended to follow a student through their academic program and therefore updated when any field expires and/or from year to year. There is no need to introduce or start a new Passport each academic year.

LICENSE (If individual is licensed as any healthcare provider [RN, LPN, NAC, etc.] and in what specific State)

- Current
- Unencumbered

DECLINATION (If applicable)

- Declinations of any kind are reviewed on a case by case basis. All declinations must be discussed between the program and facility, utilizing facility approved declination forms. Both an approved program declinations and approved facility declinations are to be uploaded to the student CPNW account.

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What is the Clinical Passport?

The Clinical Passport is a set of established health and safety standards required of all students and faculty participating in a learning experience within the health-care setting. It serves as a record of immunity status for vaccine-preventable diseases. The record should show all pertinent information about that vaccine and when it was administered.

Why are vaccinations important?

You are likely to come into contact with infective material from patients, potentially placing you at risk for exposure and possible transmission of vaccine-preventable diseases.

Why is the Clinical Passport so important?

Employers and healthcare providers have a shared responsibility to prevent occupationally acquired infections and avoid causing harm to patients by taking reasonable precautions to prevent transmission of vaccine-preventable diseases. Vaccines help maintain immunity, safeguard healthcare professionals from infection and protect vulnerable patients.

Keeping Current

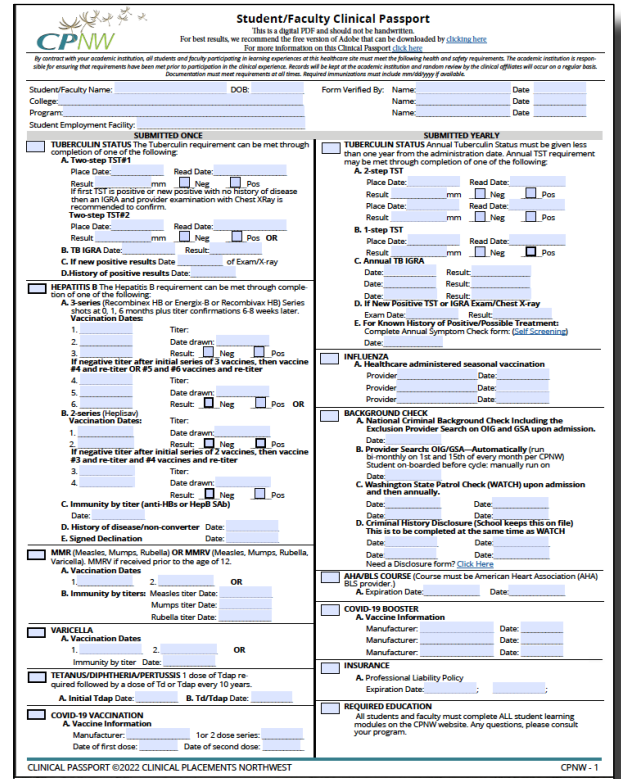
The Clinical Passport is intended to follow a student through their academic program and therefore updated when any field expires and/or from year to year, as indicated. There is no need to introduce or start a new Passport document each academic year.

The only exception to this standard is when a regulatory standard has changed or a new regulatory standard is added.

Annual Clinical Passport Review

To uphold the highest standard of safety requirements the Clinical Passport is reviewed annually by CPNW membership in conjunction with healthcare and epidemiology experts. An updated version of the Clinical Passport is made available in June of each year. In the event of a new regulatory standard CPNW and membership will work together to notify program coordinators of such changes and whether students must transition to the new Clinical Passport.

* Other arrangements will be identified between healthcare and education if student placements are taking place during the conversation period from the previous version to the new version.



Student/Faculty Clinical Passport
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For more information on this Clinical Passport, click here.

By contract with your academic institution, all students and faculty participating in learning experiences at this healthcare site must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met prior to participation in the clinical experience. Records will be kept at the academic institution and review by the clinical officials will occur on a regular basis. Documentation must meet requirements at all times. Required immunizations must include measles/mumps/rubella if available.

Student/Faculty Name: _____ DOB: _____ Form Verified By: Name: _____ Date: _____
College: _____ Name: _____ Date: _____
Program: _____ Name: _____ Date: _____
Student Employment Faculty: _____

SUBMITTED ONCE
TUBERCULIN STATUS The Tuberculin requirement can be met through completion of one of the following:
A. Two-step TST#1
Place Date: _____ Read Date: _____
Result: _____mm _____ Neg _____ Pos
If first TST is positive or new positive with no history of disease then an IGRA and provider examination with Chest XRay is recommended to confirm.
Two-step TST#2
Place Date: _____ Read Date: _____
Result: _____mm _____ Neg _____ Pos OR
B. TB IGRA Date: _____ Result: _____ Neg _____ Pos
C. If new positive results Date: _____ of Exam/X-ray
D. History of positive results Date: _____

SUBMITTED YEARLY
TUBERCULIN STATUS Annual Tuberculin Status must be given less than one year from the administration date. Annual TST requirement may be met through completion of one of the following:
A. 2-step TST
Place Date: _____ Read Date: _____
Result: _____mm _____ Neg _____ Pos
Place Date: _____ Read Date: _____
Result: _____mm _____ Neg _____ Pos
B. 1-step TST
Place Date: _____ Read Date: _____
Result: _____mm _____ Neg _____ Pos
C. Annual TB IGRA
Date: _____ Result: _____ Neg _____ Pos
D. If New Positive TST or IGRA Exam/Chest X-ray
Exam Date: _____ Result: _____
E. For Known History of Positive/Positive Treatment
Complete Annual Symptom Check form: [Self-Scoring](#)
Date: _____

HEPATITIS B The Hepatitis B requirement can be met through completion of one of the following:
A. 5-series (Recombinant HB or Engerix-B or Recombivax HB) Series shots at 0, 1, 6 months plus titer confirmations 6-8 weeks later.
Vaccination Dates:
1. _____ Titer: _____
2. _____ Date drawn: _____
3. _____ Result: _____ Neg _____ Pos
If negative titer after initial series of 3 vaccines, then vaccine #4 and re-titer OR #5 and #6 vaccines and re-titer
4. _____ Titer: _____
5. _____ Date drawn: _____
6. _____ Result: _____ Neg _____ Pos OR
B. 2 series (Hepicav)
Vaccination Dates:
1. _____ Date drawn: _____
2. _____ Result: _____ Neg _____ Pos
If negative titer after initial series of 2 vaccines, then vaccine #3 and re-titer AND #4 vaccines and re-titer
3. _____ Titer: _____
4. _____ Date drawn: _____
5. _____ Result: _____ Neg _____ Pos
C. Immunity by titer (anti-HBs or HepB SAb)
Date: _____
D. History of disease/non-converter Date: _____
E. Signed Declaration Date: _____

MMR (Measles, Mumps, Rubella) OR MMRV (Measles, Mumps, Rubella, Varicella) MMRV if received prior to the age of 12:
A. Vaccination Dates
1. _____ OR
2. _____
B. Immunity by titers: Measles titer Date: _____
Mumps titer Date: _____
Rubella titer Date: _____

VARICELLA
A. Vaccination Dates
1. _____ OR
2. _____
B. Immunity by titer Date: _____

TETANUS/DIPHTHERIA/PERTUSSIS 1 dose of Tdap required followed by a dose of Td or Tdap every 10 years.
A. Initial Tdap Date: _____ B. Td/Tdap Date: _____

COVID-19 VACCINATION
A. Vaccine Information
Manufacturer: _____ for 2 dose series: _____
Date of first dose: _____ Date of second dose: _____

INFLUENZA
A. Healthcare administered seasonal vaccination
Provider: _____ Date: _____
Provider: _____ Date: _____

BACKGROUND CHECK
A. National Criminal Background Check including the Felclusion Provider Search on OIG and USA upon admission.
Date: _____
B. Provider Search: OIG/USA—Automatically run by monthly on 1st and 15th of every month per CPNW. Student on-boarded before cycle manually run on
Date: _____
C. Washington State Patrol Check (WATCH) upon admission and then annually.
Date: _____ Date: _____
D. Criminal History Disclosure (School keeps this on file)
This is to be completed at the same time as WATCH
Date: _____ Date: _____
Date: _____ Date: _____

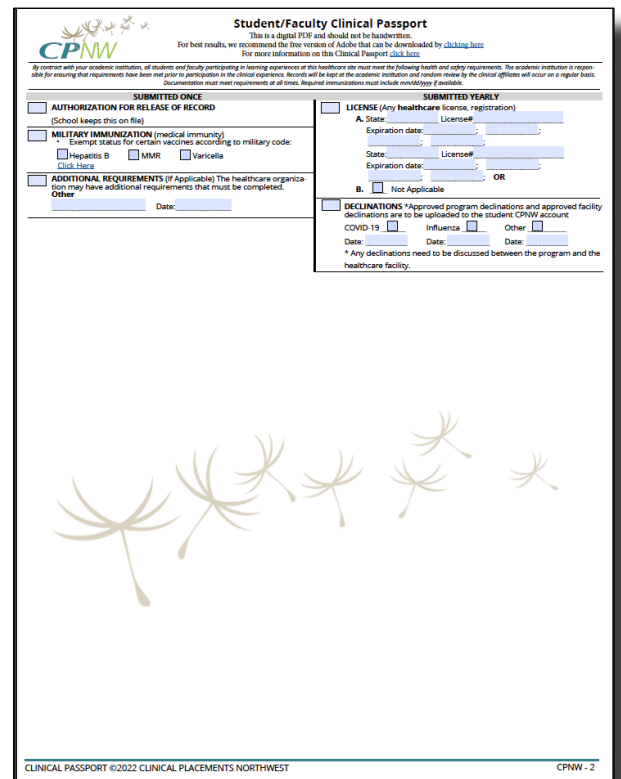
AHA/BLS COURSE (Course must be American Heart Association (AHA) BLS provider.)
A. Expiration Date: _____ Date: _____

COVID-19 BOOSTER
A. Vaccine Information
Manufacturer: _____ Date: _____
Manufacturer: _____ Date: _____
Manufacturer: _____ Date: _____

INSURANCE
A. Professional Liability Policy
Date: _____

REQUIRED EDUCATION
All students and faculty must complete ALL student learning modules on the CPNW website. Any questions, please consult your program.

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SUBMITTED ONCE
AUTHORIZATION FOR RELEASE OF RECORD (School keeps this on file)
MILITARY IMMUNIZATION (medical immunity)
Exempt status for certain vaccines according to military code:
 Hepatitis B MMR Varicella
[Click Here](#)
ADDITIONAL REQUIREMENTS (If Applicable) The healthcare organization may have additional requirements that must be completed.
Other: _____ Date: _____

SUBMITTED YEARLY
LICENSE (Any healthcare license, registration)
A. State: _____ License# _____
Expiration date: _____
State: _____ License# _____
Expiration date: _____
OR
B. Not Applicable

DECLINATIONS *Approved program declinations and approved faculty declinations are to be uploaded to the student CPNW account
COVID-19 Influenza Other:
Date: _____ Date: _____ Date: _____
* Any declinations need to be discussed between the program and the healthcare facility.

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TUBERCULIN STATUS

The baseline Tuberculin Status requirements can be met through completion of one of the following:

- 2-step TST
- TB blood tests (IGRA)

TST: The first skin test reaction should be read between 48 and 72 hours after administration. You will have to retest if not read within this time period.

If the first TST is negative, you will need to obtain a second TST within 1-3 weeks after first skin test, the second skin test is placed, and then read 48-72 hours later.

If first TST is positive, with no prior history of disease, then an IGRA with a provider examination and Chest Xray is recommended to confirm.

Rationale – A 2-step is one of two options performed at baseline because people who were infected with TB many years ago may have a negative reaction to an initial TST. The first “step” may stimulate (or boost) the immune system’s ability to react to the test. If the second “step” is not performed as part of baseline screening, a subsequent positive TST reaction could be misinterpreted as a new infection. Additionally, the TST (Tuberculin Skin Test) and a live vaccine must be done on the same day or separated by 30 days. If done sooner, there is potential for a false positive, resulting in increased cost and unnecessary treatment (chest x-rays).

TB Blood Tests - Interferon Gamma Release Assays (IGRAs) are blood tests used to determine if a person is infected with M. tuberculosis. The IGRA measures the immune response to TB proteins in whole blood. The IGRA tests most commonly available are the QuantiFERON Gold In-Tube (QFT-IT) and TSPOT tests.

Note: If you have a newly positive TST or TB Blood Test you will require a follow-up by your healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease). If a previous History of Positive TB results, then provide date of Exam/x-ray. Accompanying treatment documentation may be requested on a case-by-case basis.

Annual Tuberculin Status

Annual Tuberculin Status must be confirmed within 12 months from the previous testing administration date. Annual TST requirement may be met through completion of one of the following:

- 2-step TST
- 1-step TST
- TB IGRA
- New positive results of TB or History of Positive TB.

TUBERCULIN STATUS The Tuberculin Status requirements can be met through completion of one of the following:

- A. Completed 2-step TST**
 - If first TST is positive, with no prior history of disease, then an IGRA with a provider examination and Chest Xray is recommended to confirm.
- B. TB IGRA**
- C. New positive Results of TB then provide date of Exam/X-ray**
 - Accompanying treatment documentation may be requested on a case-by-case basis.
- D. History of Positive TB results then provide date of Exam/x-ray**
 - Accompanying treatment documentation may be requested on a case-by-case basis.

TUBERCULIN STATUS Annual Tuberculin Status must be confirmed less than one year from the previous testing administration date. Annual TST requirement may be met through completion of one of the following:

- 2-step TST
- 1-step TST
- Annual TB IGRA
- If New Positive TST or IGRA Exam/Chest X-ray
 - Accompanying treatment documentation may be requested on a case-by-case basis.
- For known history of positive/possible Treatments:
 - Attached Self Screening Link to document attached above

HEPATITIS B

The Hepatitis B requirement can be met through completion of one of the following:

- **3-series** (Recombinex HB or Energix-B or Recombivax HB) Series shots at 0, 1, 6 months plus titer confirmation 6-8 weeks later.
 - For persons who do not respond to the primary hepatitis B vaccine series they must complete a second vaccine series. For the second series, a different brand of vaccine should be administered. If negative titer after initial series of 3 vaccines, then vaccine #4 and re-titer OR #5 and #6 vaccines and re-titer.
- **2-series** (Heplisav) Series shots are administered one month apart.
 - If negative titer after initial series of 2 vaccines, then vaccine #3 and re-titer and #4 vaccines and re-titer
- **Immunity by Titer** (anti-HBs or HepB Sab)
- **History of Disease/non-converter**

HEPATITIS B The hepatitis B requirement can be met through completion of one of the following:

A. 3-series (Recombinex HB or Energix-B or Recombivax HB) Series shots at 0, 1, 6 months plus titer confirmation 6-8 weeks later.

- For persons who do not respond to the primary hepatitis B vaccine series they must complete a second vaccine series. For the second series, a different brand of vaccine should be administered. If negative titer after initial series of 3 vaccines, then vaccine #4 and re-titer OR #5 and #6 vaccines and re-titer.

B. 2-series (Heplisav) Series shots are administered one month apart.

- If negative titer after initial series of 2 vaccines, then vaccine #3 and re-titer and #4 vaccines and re-titer

C. Immunity by Titer (anti-HBs or HepB Sab)

D. History of Disease/non-converter

* Signed Declination: A student is permitted in the clinical setting if they have begun, but not yet completed, their Hep B vaccine series. A signed declination is required if the student is in process and has not completed their vaccine series.

Note: Signed Declination: A student is permitted in the clinical setting if they have begun, but not yet completed, their Hep B vaccine series. A signed declination is required if the student is in process and has not completed their vaccine series.

Non-Responder. Approximately 5-10% of people do not develop protective antibodies following the completion of the hepatitis B vaccine series. This is confirmed with a blood test called an anti-HBs titer test which is given 4 weeks following the completion of the series. If the test shows the titer is less than 10 mIU/mL the general recommendation is to complete the series again using a different brand of vaccine (e.g. if you received Engerix B, the first time, switch to Recombivax the 2nd time or vice-versa). A person is considered to be a “non-responder” if they have completed 2 full vaccination series’ without producing adequate protective antibodies.

MMR (Measles, Mumps, Rubella) or MMRV (Measles, Mumps, Rubella, Varicella).

You are required to have 2 MMR vaccines or proof of titer (3 titers, one each of Measles [Rubeola], Mumps and Rubella).

NOTE: In most cases getting the MMR/MMRV is far less expensive than having blood titers drawn. Revaccination with MMR is safe. MMRV is accepted if received prior to the age of 12 years.

MMR (Measles, Mumps, Rubella) or MMRV (Measles, Mumps, Rubella, and Varicella)

A. MMRV is accepted if received prior to the age of 12 years.

- Proof of Measles immunity by titer **and**
- Proof of Mumps immunity by titer **and**
- Proof of Rubella immunity by titer

VARICELLA

- Proof of vaccination (2 doses administered at least 4 weeks apart) **OR**
- Proof of immunity by titer

VARICELLA

You are required to have 2 Varicella vaccines or proof of titer.

NOTE: The titer is only recommended if you have had chicken pox disease. Titer after Varicella vaccine is not recommended by the CDC as most Varicella tests are not sensitive enough to detect antibody level for immunity post vaccination.

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TETANUS

Students and faculty are required to show proof of one dose of Tdap. After initial dose of Tdap is required followed by a subsequent dose of Td or Tdap every 10 years.

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

- 1 initial dose of Tdap required followed by a dose of Td or Tdap every 10 years.

COVID-19

Vaccine information must include the vaccine manufacturer, 1 or 2 dose series, Date of first dose, date of second dose (if applicable). The CDC recommends a series dosing interval of 3-weeks between the first and second dose. But a consideration of an extended interval, up to 8 weeks, between the first and second doses for people who are not moderately or severely immunocompromised.

COVID-19

- Vaccine information must include the vaccine manufacturer, 1 or 2 dose series, Date of first dose, date of second dose (if applicable).

COVID-19

- Annual information must include the vaccine manufacturer and date of vaccine.

INFLUENZA

Students and faculty are required to show:

- Proof of seasonal vaccine (either the flu shot or nasal spray flu vaccine and where administered [pharmacy, personal medical provider, etc.]

INFLUENZA

- Proof of seasonal vaccination(s)

NOTE: Some healthcare institutions require vaccination without exception. Others may allow you to decline on a basis of medical condition, religious belief or creed, or on the basis of a strongly held personal belief. That requires your signature on a declination form stating the reason for declining and committing to wear a mask at all times during flu season when in the institution. Keep in mind that all live vaccines, such as MMR, Varicella, LAIV (nasal flu) have to be administered on the same day or separated by 28 days.

Authorization for Release of Record

Healthcare organizations conduct random compliance audits of student and faculty health and safety requirements. At any time, healthcare has the authority to request proof of a student's and faculty's Clinical Passport information.

AUTHORIZATION FOR RELEASE OF RECORD

- Kept on file by education institution

Your education program will ask you to sign a form which authorizes the college to release all information contained in the Clinical Passport to those healthcare organizations which provide your learning experience. This includes all necessary background check information (including, but not limited to: National criminal background check, Washington State Patrol background check, OIG and GSA Excluded Providers database search), and immunization records. Your education program will keep this information on file. Students are accountable for reporting any crimes committed after the Release is signed and while enrolled in the education program.

MILITARY IMMUNIZATION

Students who have military experience may present with an immunization record reflecting "medical immunity" for certain vaccines. This medical immune category is a permanent exemption from receiving the vaccine based on medical screening. [Click here](#) for exemption code listing with definitions.

MILITARY IMMUNIZATION

- If immunization occurred during Military service

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ADDITIONAL REQUIREMENTS

Some healthcare settings may have additional requirements. Visit the Site Specific Requirements for your assigned facility to determine what additional requirements and/or education is required, on the CPNW website. It is the school's responsibility to also check with each organization for any additional requirements not represented within the CPNW website.

ADDITIONAL REQUIREMENTS (if applicable)

- Some healthcare settings may have additional student onboarding requirements. Visit the Site Specific Requirements for your assigned facility to determine what additional requirements and/or education is required, on the CPNW website.

BACKGROUND CHECKS

A. The school runs a National Background Check and WATCH (Washington State Patrol background check on admission/readmission).

B. OIG/GSA are included in the initial Background Check and run bi-monthly by CPNW. If a student enters the program mid-cycle the check must be run by the school.

C. Washington State Patrol Background Check (WATCH) and Criminal History Disclosure Form completed annually by the student/program and kept on file by the education institution.

D. Criminal History Disclosure: This document is completed upon admission into the education program and completed annually thereafter. This form serves as a personal attestation providing the student to disclose any criminal convictions that will be discovered on the background checks.

E. The National Criminal Background should include all of the following: Social Security Trace, County Felony/Misdemeanor (all counties form SS trace), Healthcare search (OIG, GSA, national and international terrorist lists, DHHS), National Sex offender Search, National Federal Criminal Search.

F. WATCH needs to include: Rap sheet (This is considered original source documentation that the WATCH was run correctly and is clear.), current legal name, previous name/aliases, birth date.

BACKGROUND CHECKS

- National Criminal Background Check and Washington State Patrol Background Check (WATCH) upon admission/re-admission and re-entry/hire to program to include all counties of residence & all Washington State counties per RCW43.43.830 and OIG and GSA screens. Excluded Provider search on:
 1. OIG <http://exclusions.oig.hhs.gov/> (conducted bi-monthly by CPNW)
 2. GSA <http://www.sam.gov> (conducted bi-monthly by CPNW)
- Washington State Patrol Background Check (WATCH) and Criminal History Disclosure Form completed annually by the student/program and kept on file by the education institution.
- If your program does not provide a disclosure form you can find one by [clicking here](#).

AHA CPR

You are required to complete an American Heart Association (AHA) BLS Provider Course and have a current Course card/ eCard at all times. AHA BLS Provider Resuscitation Quality Improvement Program (RQI) meets this requirement. The BLS Course teaches both single rescuer and team basic life support skills for application in both in and

AHA CPR

- You are required to have an:
- AHA BLS Provider Approved Course card/e-card
- AHA BLS Provider Resuscitation Quality Improvement Plan (RQI) meets this requirement
- Any BLS course not through the AHA is not accepted at this time.

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out-of-hospital settings. The course trains participants to promptly recognize several life threatening emergencies, five high-quality chest compressions, deliver appropriate ventilations, and provide early use of an AED. It includes adult, child, and infant rescue techniques.

NOTE: Course must be AHA Provider only. A course following AHA Guidelines only is not acceptable.

INSURANCE

Every student must be covered by liability insurance. Students are responsible to verify that their college provides adequate coverage. If the college does not provide coverage, students need to secure insurance from an agency.

NOTE: Some healthcare organizations may have additional requirements that are listed at the bottom of your Passport. Your education program will inform you if any of these requirements will be necessary.

INSURANCE

- Professional Liability \$1,000,000/3,000,000 policy (This may be coverage via the school or individual)

LICENSE

Students and faculty are required to provide all healthcare licenses, certifications, or registrations; past or present; active or expired. State of issue and expiration date(s) are required.

LICENSE (If individual is licensed as any healthcare provider [RN, LPN, NAC, etc.] and in what specific State)

- Current
- Unencumbered

DECLINATIONS

Declinations of any kind are reviewed on a case by case basis. All declinations must be discussed between the program and facility, utilizing facility approved declination forms. Both an approved program declinations and approved facility declinations are to be uploaded to the student CPNW account.

DECLINATION (If applicable)

- Declinations of any kind are reviewed on a case by case basis. All declinations must be discussed between the program and facility, utilizing facility approved declination forms. Both an approved program declinations and approved facility declinations are to be uploaded to the student CPNW account.

Expiration

If any of your immunizations expire in the middle of the quarter or semester, up-to-date immunizations are required before beginning the term.