SAMPLE LETTER FROM SCHOOL - Group

(Needs to be on letterhead)

Date

Children’s HealthSM

ATTN: Student Services

1935 Medical District Drive

Dallas, TX 75235

To Whom It May Concern,

The following student(s) is/are in good standing with their school and have met the following criteria as outlined in the clinical affiliation agreement between Click here to enter text. and Children’s HealthSM

***Attach the Nursing Group Spreadsheet Form to this letter that includes all students and instructors that are covered by this attestation letter.***

Student(s) have/has met the following requirements:

* Children’s required Immunizations
* TB testing: Test is required annually and must be current through your entire rotation.
* Option 1 - Quantiferon Gold TB blood test
* Option 2 - Two rounds of TB skin testing within one year
* ***Chest x-ray is required If you have had a positive TB test***
* Provide documentation of the positive test as well as your x-ray documentation (free from disease)
* 2 MMR’s or positive titers to measles, mumps, rubella
* 2 Varicella vaccines or positive titer
* Tdap vaccine
* 3 Hep B vaccinations or positive titer - **CLINICAL STUDENTS ONLY**
* They must have a complete series and/or a positive titer
* If they have had 2 doses and then a positive titer, they still need the 3rd dose
* Flu vaccine during flu season – usually September to April
* Name on paperwork must match government issued ID card
* Current BLS card
* Criminal background check\*:
	+ CBCBON – Texas Board of Nursing (blue card)
	+ CBC/Secondary: Group One or other vendor
* Drug screen (The Healthcare professional Drug Panel)\*

\*Dates for drug screen and background must be proved on spreadsheet for groups

* School has current Affiliation Agreement (contract) and proof of Professional Liability insurance
* Clinically cleared by school
* Completion of DFW Hospital Orientation packet, passing score of 100% required. If this orientation is not completed, students will be required to complete CART prior to starting their orientation.

I agree to notify Student Services within 24 hours if a student has a change in status such that he/she is no longer in good standing.

Sincerely,

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment: Proof of Insurance and Nursing Group Spreadsheet**