SAMPLE LETTER FROM SCHOOL

(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

Please document the following information about the student (s):

Student Name: Click here to enter text.

Student Classification: Click here to enter text.

Clinical Dates of Attendance: Click here to enter a date. TO Click here to enter a date.

Instructor: Click here to enter text.

Clinical Unit/Department: Click here to enter text.

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\*: Click here to enter a date.
  + CBCBON – Texas Board of Nursing (blue card)
  + CBC/Secondary: Group One or other vendor
* Drug screen (Healthcare Professional Drug Panel)\*: Click here to enter a date.

\*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 Hospital Orientation packet, passing score of 100%

Student is **(must pick one)** N/A Current employee Former employee Previous Student

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**