

Case Western Reserve University
FPB School of Nursing
Clinical Placement Requirement Form
MSN Program

To be completed prior to the start of the first clinical course
Additional requirements may be needed, depending on clinical site

Name: _____ Date: _____

RN License#

Expiration Date:

State

Background check Ohio BCI(date) FBI(date) Results: neg pos

CPR current date of expiration

Immunizations:

PPD 1st step date 2nd step date results

Tetanus (within 10yrs) date

Hep B (acceptable titre) date

MMR (2 doses or acceptable titre) date

Varicella (2 doses or acceptable titre) date

Polio: series documentation provided

All items on file and verified

Anne Watson _____

Date _____

Students: please provide completed form to your clinical course instructor