



## North Carolina Consortium for Clinical Education and Practice PASSPORT Student Annual Orientation Checklist

Name _____	Durham Tech Student ID# _____
Email _____	Phone Number _____
School Program (check one): <input type="checkbox"/> CSP <input type="checkbox"/> Dialysis Tech <input type="checkbox"/> EKG <input type="checkbox"/> ICVT <input type="checkbox"/> Phlebotomy Tech	
Clinical Site _____	Location _____
Preceptor/Supervisor _____	Clinical Dates _____
Orient Paperwork _____	Course Section # _____
Immunizations Reviewed (date) _____	Approval Date _____

### Universal Credentialing Requirements (for the Passport)

1. AHA BLS- Provider- CPR Training (Saw Card) _____	Expiration Date _____
2. Professional Liability Insurance (Provided by Durham Tech)	By school <input type="checkbox"/> Individual <input type="checkbox"/>
3. Criminal Background Check	Date Completed _____
4. Drug Screen (urine)	Date Completed _____
5. Required Immunizations	<i>See attached guidelines (per CDC recommendations)</i>
Measles (2 doses or positive titer)	Date(s) Completed _____
Mumps (2 doses or positive titer)	Date(s) Completed _____
Rubella (2 doses or positive titer)	Date(s) Completed _____
Varicella (2 doses or positive titer)	Date(s) Completed _____
Tetanus/Diphtheria (Td/Tdap)	Date(s) Completed _____
Hepatitis B (HBV) Series or Hepisav-B 2 doses 4 weeks apart	Date(s) Completed or Signed Declination _____
Influenza (annual, Fall)	Date Completed _____
Tuberculosis Screening ( <a href="#">CDC Requirements</a> )	Date TB Risk Assessment Completed Dates Completed and Read/Result) _____

### Additional Credentialing Requirements

COVID Card	Date Completed _____
Core Orientation	Date Completed _____
Health Insurance (Saw Card) _____	Provider Name _____

By my signature below, I certify the information I provide on and in connection with this form is true, accurate, and complete to the best of my knowledge. I am aware of the academic consequences of false or omitted information as grounds for disqualification or dismissal from the educational experience.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Official documentation of all requirements must be kept by the school program or by the vendor contracted for electronic documentation.**

## Universal Credentialing Requirements (for the PASSPORT) North Carolina Consortium for Clinical Education and Practice

### Student Annual Orientation Checklist

*Adapted from Eastern CCEP*

The elements as specified on the *CCEP Clinical Passport* document serve as the minimum requirements for health science student participation in a clinical setting of the participating agencies. This list represents the highest standards as evaluated by the CCEP Committee. Note that clinical agency contracts may specify additional requirements based on the areas in which students are placed, or regulations established by that agency or health system. [CDC Immunization Schedules](#)

### Universal Credentialing Requirements (for the PASSPORT)

<b>AHA BLS- Provider- CPR Training (if applicable)</b>	Only approved course is American Heart Association Basic Life Support Provider course
<b>Professional Liability Insurance</b>	Per agency contractual agreement requirement Minimum of \$1 million per incident and \$3 million aggregate
<b>Background Check</b> <ul style="list-style-type: none"> <li>• Social Security Number Trace</li> <li>• NC Statewide Criminal Record Search (7 years)</li> <li>• County Court Criminal Conviction Search (7 years) (if resided outside of NC)</li> <li>• National Sex offender Database Search</li> <li>• Office of Inspector General (OIG)</li> <li>• Office of Foreign Assets Control (OFAC)</li> <li>• General Services Administration (GSA)</li> </ul> <p><i>Note: The assigned agency does not arrange nor cover the cost of this screening.</i></p>	Once per program admission and progression Repeat for: <ul style="list-style-type: none"> <li>➤ Per agency contractual agreement requirement</li> <li>➤ Readmission</li> <li>➤ Transfer from another school or from one program to another with same school</li> <li>➤ Students must notify school if there has been a change in status including charges or convictions within 5 days per academic policy</li> </ul>
<b>Drug Screen (urine)</b> Once per program admission and progression and/ or with cause. Must repeat for readmission or program transfer.	Amphetamine, Meth-amphetamine, Barbiturates, Benzodiazepines, THC, Cocaine, Opiates, Methadone, Oxycodone, Propoxyphene, PCP, MDMA (Ecstasy), ( <i>Qualulude Methaqualone-optional</i> )
<b>Required Immunizations (CDC Requirements)</b>	<b>Current CDC requirement</b>
✓ Measles	✓ 2 doses or positive titer
✓ Mumps	✓ 2 doses or positive titer
✓ Rubella	✓ 2 doses or positive titer
✓ Varicella	✓ 2 doses or positive titer
✓ Tetanus/Diphtheria/ (Tdap)	✓ 1 dose Tdap, then Td booster every 10 yr.
✓ Hepatitis B (HBV) Series	✓ Energix-B or Recombivax B 3 doses or positive titer If incomplete series, then ✓ Heplisav-B 2 doses 4 weeks apart <i>For declination or waiver, a copy must be on file at the school and/or be approved by the facility or agency.</i>
✓ Influenza	✓ Annual- Fall See Academic/Agency guidelines "Optimally, vaccination should occur before onset of influenza activity in the community. Health care providers should offer vaccination by the end of October" on the <a href="#">Influenza Vaccination Information for Health Care Workers' website</a>
✓ Tuberculosis Screening <ul style="list-style-type: none"> <li>• Baseline Individual TB Risk Assessment including TB symptom evaluation, and either a 2-step TB skin test (given 1-3 weeks apart) or a TB blood test within 12 months of program admission or readmission. If a student has had a positive TB skin test in the past, such as due to TB exposure/infection or receiving the BCG vaccine, a chest x-ray will be required along with the Baseline Individual TB Risk Assessment and TB symptom evaluation.</li> <li>• Students are no longer required to get annual TB skin tests unless there is a known exposure or ongoing transmission at a healthcare facility.</li> <li>• Students will receive annual TB education via the Core Orientation</li> </ul>	✓ Baseline Individual TB Risk Assessment ✓ TB Symptom Assessment ✓ 2-step TB skin test (given 1-3 weeks apart) OR TB Blood Test within 12 months of program admission ✓ If +PPD in the past, a chest x-ray is required or current +PPD, additional evaluation for TB disease will be required as needed ✓ Annual TB education and risk assessment

- Payment or payment authorization is required at time of registration and must be received before the first class.
- Instructions for online payment for Continuing Education registration, to: **durhamtech.edu/ce-payment**
- Receipts or confirmations will not be sent for payments that are faxed, mailed, or emailed.
- For the refund policy, go to: **durhamtech.edu/policies-and-procedures/course-cancellation-refunds**
- For complete course listings, go to: **durhamtech.edu/continuing-education**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Former Name(s): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_  Please check if this is a new address or change in information.  
 Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Student ID #: \_\_\_\_\_ (assigned by college if new student) Country of birth: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Native Language: \_\_\_\_\_

**Highest education level completed**  
 (Check one)  
 Non-graduate  
 (highest grade completed) \_\_\_\_\_  
 High School Equivalency (GED or HiSet)  
 Current High School (grade \_\_\_\_\_)  
 High school diploma  
 Adult high school  
 Vocational diploma  
 Associate degree  
 Bachelor's degree  
 Master's degree or higher

**Gender**  
 Female  Male  
**Ethnicity**  
 Hispanic/Latino  
 Non-Hispanic/Non-Latino  
**Race**  
 (Check all that apply)  
 American/Alaska native  
 Asian  
 Black/African-American  
 Hawaiian/Pacific Islander  
 White

**Registration fee exemption**  
 Durham Tech employee  
 Other \_\_\_\_\_  
**Employment status**  
 Employed 1-10 hours  
 Employed 11-20 hours  
 Employed 21-39 hours  
 Employed 40 or more hours  
 Retired  
 Unemployed (not seeking)  
 Unemployed (seeking)

Course Number	Course Title	Location	M	T	W	Th	F	Sa	Su	Start Time	End Time	Start Date	End Date	Cost

College Employee Signature \_\_\_\_\_ Date \_\_\_\_\_