

Required Documents for Clinical Rotations

Category	Immunization & License Name	Explanation
Tdap (Tetanus, Diphteria and Pertussis) Booster	Shots	You must submit proof of a Tdap from within the last 10 years. <u>If you cannot fulfill this requirement, for any reason, you must apply for an exception and submit a copy of an Examiner's Statement.</u>
Influenza	Flu Shot	You must submit proof of your annual Flu Shot for the current flu season dated between 07/01 and 05/01. <u>If you cannot fulfill this requirement, for any reason, you must apply for an exception and submit a copy of an Examiner's Statement.</u>
Varicella	Varicella Titer	You must submit proof of a Positive Varicella Titer. If you Titer is not immune (negative or equivocal), you must submit proof of one Varicella Booster, dated after the Titer date and then a Repeat Varicella Titer at least 4 weeks after the booster. If your Titer is not immune, you will show as temporarily compliant for up to 6 weeks while you await your booster. <u>If you cannot fulfill this requirement, for any reason, you must apply for an exception and submit a copy of an Examiner's Statement.</u>
	Varicella Booster	
	Repeat Varicella Titer	
MMR	Measles Titer	You must submit proof of positive Titers for Measles, Mumps and Rubella. If any Titer is not immune (negative or equivocal) you must submit proof of a MMR Booster, dated after the Titer date, and then a Repeat Titer for that disease , dated at least 4 weeks after the MMR Booster. If your Titer is not immune, you will show as temporarily compliant for up to 6 weeks while you await your booster. <u>If you cannot fulfill this requirement, for any reason, you must apply for an exception and submit a copy of a Examiner's Statement.</u>
	Mumps Titer	
	Rubella Titer	
	MMR Booster	
	Repeat Measles Titer	
	Repeat Mumps Titer	
Repeat Rubella Titer		
Tuberculosis	PPD 1	You must submit proof of a 2-Step PPD, dated 2-90 days apart. You will then be required to submit proof of another PPD every 6 months. If your PPD is positive or you have history of being PPD positive you must submit proof of a negative Chest X-Ray and then 12 months later you must submit a TB Clearance Letter. <u>If you cannot fulfill this requirement, for any reason, you must apply for an exception and submit a copy of a Examiner's Statement.</u>
	PPD 2	
	Bi-Annual PPD	
	Chest X-Ray	
	TB Clearance Letter	
Hepatitis B	Hepatitis B Titer	You must submit proof of a Hepatitis B 3 Dose Series or a Positive Hepatitis B Titer. If you Titer is not immune (negative or equivocal) you must submit proof of a Repeat Hepatitis B 3 Dose Series, dated after the Titer date. When submitting a Hepatitis B 3 Shot Series, you will show temporarily compliant for a period of times between shots (Dose 1 (1 month) Dose 2 (6 months) Dose 3 (6 weeks) Titer) <u>If you cannot fulfill this requirement, for any reason, you must apply for an exception and submit a copy of a Examiner's</u>
	Hepatitis B Series Dose 1	
	Hepatitis B Series Dose 2	
	Hepatitis B Series Dose 3	

	Repeat Hepatitis B Series Dose 1	Statement.
	Repeat Hepatitis B Series Dose 2	
	Repeat Hepatitis B Series Dose 3	
Student Health Record Form	Student Health Record Form	You must submit a completed copy of the Student Health Record Form.
Background Check for Medical Campus Nursing: AHCA & FDLE Level2 Background		<p>Successfully complete and clear the MDC vendor level two criminal background check and the Agency for Health Care Administration (AHCA) screening prior to the start time of your orientation. You will need to schedule an appointment for the background check and the AHCA screening.</p> <p>The MDC vendor level two criminal background check must be completed and submitted to *American Data Bank (Complio) before the start time of your orientation. The renewal period is annually or as requested.</p> <p>The results of the AHCA screening will be released directly to MDC clinical partners when you are assigned to a facility for clinical rotations. The renewal period is every 5 years.</p>
Drug Screening	Drug Screening	You must submit a copy of your 10 panel Drug Screening Results.
Professional License	LPN License Paramedic-Licensed LRT-Licensed CRT-Licensed MA-Registered or National Certification	You must submit one of the following and enter the corresponding expiration date in the provided field: LPN License OR Paramedic-Licensed OR LRT-Licensed OR CRT-Licensed OR MA-Registered or National Certification
CPR	American Heart Association BLS for Healthcare Providers CPR Card	You must submit a signed copy of the front and back of your American Heart Association BLS for Healthcare Providers CPR Card and enter the issuance date into the provided field.