County of Los Angeles Public Health

Los Angeles County, Public Health Nursing
Requirements for Practice in Clinical Facilities

Affiliated College/University: _____ **Clinical Instructor:** _____

Public Health Clinical Site: _____ **Clinical Dates:** _____

Student's Last Name	Student's First Name	Physical Exam Clearance Date	TB Clearance Date (Baseline (CXR/ Annual Negative PPD)	Measles vaccine / titer date and results	Mumps vaccine/ titer date and results	Rubella vaccine/ titer date and results	Varicella/ vaccine/ titer date and results	Hepatitis B titer date and results	Hepatitis B 1st dose vaccine date	Hepatitis B 2nd dose vaccine date	Hepatitis B 3rd dose vaccine date	HIPAA Stimulus Completion Date	HIPAA Compliance Completion Date	BLS Exp date	Live Scan	Malpractice Insurance Policy Name & Exp date	CA Driver's License & Exp date	Car Insurance Policy Name & Exp date
															On File with DPH HR			
Instructor Info																		

•Note: All students on this list have been found competent and physically fit to perform the clinical objectives. *** This Form must be submitted by no later than the second clinical week to:** Manager, Recruitment & Retention Unit

•Note: The last line in the grid is for the instructor's information. universityaffiliates@ph.lacounty.gov

I _____(print name of instructor), RN License Number: _____ have met the above criteria. **Signature:** _____ **Date:** _____

Revised: 7/03/2012 LMR