

Advance Practice Clinician Student Checklist

Name: _____

School: _____

Program: _____

Phone number: _____

Email address: _____

Preceptor: _____

Total clinical hours: _____

Documentation:

- Confidentiality of Information Statement (*THN-1112-WS*)
- Clinical SLP Test
- Current CPR card
- Driver's license OR School ID
- Nursing license (*if applicable*)
- Influenza vaccine (*if applicable*)

I have read and understand the TidalHealth Nanticoke policies listed on the clinical student website.

Signature: _____ Date: _____