

**APPENDIX D**

**NEW YORK INSTITUTE OF TECHNOLOGY  
SCHOOL OF HEALTH PROFESSIONS  
DEPARTMENT OF NURSING**

**PRE-CLINICAL CHECKLIST (Juniors/Seniors)**

ALL INFORMATION BELOW MUST BE COMPLETED BEFORE STUDENT ENTERS THE PROFESSIONAL PHASE OF THE NURSING PROGRAM.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUIREMENTS:**

<b>ITEM</b>	<b>COMPLETE</b>	<b>DATE</b>	<b>INITIALS</b>
Health Evaluation Form, Annual Physical and required lab data	_____	_____	_____
Student Malpractice (Liability) Insurance	_____	_____	_____
Infection Control & Universal Precaution Class & certificate	_____	_____	_____
B.C.L.S (Basic Cardiac Life Support)	_____	_____	_____
HIPAA/Patient Confidentiality Class & certificate	_____	_____	_____
Patient Safety Class	_____	_____	_____
Child Abuse Prevention Class & Certificate	_____	_____	_____
Certified Background Check when applicable	_____	_____	_____
Other: _____	_____	_____	_____

**YEARLY**

Annual Physical Exam and required lab data	_____	_____	_____
Annual Chest X-Ray (Required from students with a positive PPD result)	_____	_____	_____

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

1. This form and the Health Evaluation form should be given to the nursing student the first week of Introduction to Nursing.
2. All items listed above must be submitted by the first week of August prior to the first clinical rotation in the fall and where applicable by Jan 1<sup>st</sup> preceding Spring clinical rotation
3. Students who do not complete the information as required will not advance to the professional phase and will not advance from the junior to senior year.
4. These forms will remain in the student's folder.