

**Clinical Affiliation Student Participation Checklist**

Each student seeking a clinical learning experience with a Baptist entity is required to meet each of the following screening requirements. Students will not be permitted to participate in a clinical learning experience until all criteria have been satisfied.

**Student/Instructor Name:**

**Instructor Name & Cell Phone Number:**

**School Semester:**

**School Year Semester:**

**Name of Affiliated Educational Institution:**

**Instructions:** The following information must be verified by the educational institution's official representative or designee that the above student has **successfully** completed each of the following:

Correct donning and doffing of PPE and hand hygiene education has been completed at the school.

Student or Instructor has completed MBMC Online Orientation.

Student Online Orientation Signature pages have been completed and on file with other documentation.

Physical Examination

Annual Tuberculin

Hepatitis B vaccine series completed or signed waiver submitted.

Two measles, mumps & rubella (MMR) vaccines administered after one year of age or serological evidence of immunity (students with DOB post 1957).

One MMR vaccine administered after one year of age or serological evidence of immunity (students with DOB pre 1956).

Professional liability insurance coverage secured for entire term of participation in the clinical learning experience as specified in the Clinical Affiliation Agreement.

Criminal background check conducted in accordance with all criteria set forth in Baptist's Student Background Clearance Process Policy. **NOTE:** Students in Mississippi meet the standard if a signed affidavit in accordance with Mississippi Code is submitted.

Flu vaccination for current flu season (October through March).or a signed declination form kept in student file

**Mississippi Baptist Medical Center**  
**Clinical Affiliation Student Participation Checklist**

**Prior to submitting this checklist to the authorized Baptist representative, a Clinical Affiliation Agreement must be current and on-file with Baptist. This form must be returned to the authorized Baptist representative before the student receives his/her clinical learning assignment.**

**This checklist is retained by the Organization where the Baptist clinical learning experience took place for a minimum of twenty four (24) months from the last date the student worked in his/her clinical rotation assignment.**

Official student or faculty documents/records should be maintained by the official educational institution and should **NOT** accompany this checklist on submission. Random audits may be requested by Baptist to ensure all required documentation is on record with the Affiliated Educational Institution.

Please email all student and instructor checklists for the entire clinical group in one document to department in which you are seeking a clinical rotation. All nursing forms should be sent to:

MBMCStudentNurse@BMHCC.org

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**Signature of Official Representative/Designee for Above Educational Institution (may sign electronically)**

**Printed Name of Official Representative/Designee for Above Educational Institution**

**Date Form Completed & Signed**