Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Student email: \_\_\_\_\_\_\_\_\_\_\_\_\_ Track: Student ID #:

Student’s address: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Student’s phone #: 602/608, Semester, Year: \_\_\_\_\_\_\_

By completing this form, I certify that *all* of my compliance items are currently up to date, uploaded to and **approved** in Exxat. I certify that I will submit an updated version *before* the current copy expires. I understand that for Externship, all items must be up to date through the *end of the semester* (August).

I also understand that If my documents are not all in compliance at the beginning of the semester, I may be dropped from the course until all items are valid. As a reminder, the compliance items are listed below.

|  |  |
| --- | --- |
| **Items That Expire:** | **Items That Do Not Expire:** |
| BBP Training – 1 year | 25 Observation Hours |
| BLS Training – 2 years | COVID Disclosure Form |
| Fingerprint Card – 6 years | COVID Vaccination - *Optional* |
| Fingerprint Verification – 1 year | Hep B Vaccination (3 shots) *or* Titer test |
| Flu vaccination – 1 year | MMR Vaccination (2 shots) *or* Titer test |
| HIPAA Training – 1 year | Student Responsibility Statement |
| Liability Insurance – 1 year | Varicella Vaccination (2 shots) *or* Titer test *or* Proof of Chickenpox |
| TB Test – 1 year |  |
| TDAP – 10 years |  |

You will **not** be able to register without your supervisor’s license numbers on record.

Site #1 name: \_\_\_\_\_\_\_

Site’s complete address:

Supervisor’s name: \_\_\_\_\_\_\_\_

Supervisor’s phone #: \_\_\_\_\_\_\_ Supervisor’s email: \_\_\_\_\_\_\_\_

Supervisor’s ASHA #: \_\_\_\_\_\_\_ Supervisor’s state license #: \_\_\_\_\_\_\_

Site #2 name: \_\_\_\_\_\_\_

Site’s complete address:

Supervisor’s name: \_\_\_\_\_\_\_\_

Supervisor’s phone #: \_\_\_\_\_\_\_ Supervisor’s email: \_\_\_\_\_\_\_\_

Supervisor’s ASHA #: \_\_\_\_\_\_\_ Supervisor’s state license #: \_\_\_\_\_\_\_

Site #3 name: \_\_\_\_\_\_\_

Site’s complete address:

Supervisor’s name: \_\_\_\_\_\_\_\_

Supervisor’s phone #: \_\_\_\_\_\_\_ Supervisor’s email: \_\_\_\_\_\_\_\_

Supervisor’s ASHA #: \_\_\_\_\_\_\_ Supervisor’s state license #: \_\_\_\_\_\_\_

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Only Fill Out For Externship:

Date PRAXIS completed or registered to take: \_\_\_\_\_\_\_

 If you haven’t completed the Praxis, you **must** be registered to take the test *before* you can enroll in 608.

 **OFFICE USE ONLY**

Professor Signature Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor & Permissions #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_