

EXHIBIT A

to Program Agreement
by and between Children's Wisconsin (CW)
and

(Name of school)

Student Placement Certification Form

PLEASE NOTE: Completion of this document is for each precepted student (One form plus [Student Roster](#) for clinical groups) is required **30 DAYS PRIOR** TO start date of rotation.

After completion, send pages to:

Email to:

CW Schools of Nursing
CHWSNPlacement@childrenswi.org
Questions? Call 1-414-337-CALL (2255)

I. Placement Information

- A. Program/Course Information:** _____ (please attach course description)
- B. Number of clinical hours:** _____
- C.** ☐ **Preceptorship** (faculty to do site visits) ☐ **Clinical Group** (faculty onsite)
- D. Name of student(s) with middle initial – please type or print.** _____
- E. Student school email (not personal):** _____ (Attach [Student Roster](#) for multiple placements)
- F. Course Faculty** (name, credentials, and contact info of faculty that will be onsite or performing site visits).

Phone Number: _____ **E-mail:** _____
- G. If faculty will not be on-site, provide phone # where they can be reached at all times:** _____
- H. Date(s) and hours of Experience:** _____ (Please specify per individual or group start / end dates, days of the week, hours etc. See [Student Roster](#))
- I. Primary CW affiliate where student experience will occur** (i.e. Milwaukee Hospital, CMG – Northshore):

- J. Department / unit** (and preceptor if known) **where student experience will occur:** _____

II. Health Requirements - Checking of the following requirements certifies they are met:

- ☐ Documentation of health history must be kept on file at school. Any chronic condition with risk of antibiotic-resistant infection must be evaluated by CW Employee Health and Wellness Services before placement.
- ☐ Documentation of a two-step Mantoux TB skin test or a TB screening blood test (preferred), a negative TB test within past 12 months prior to starting clinical. If skin test is positive, a negative chest x-ray and annual symptom assessment must be completed.
- ☐ Documentation of annual (seasonal) influenza vaccination.
• Program participants between November 1st and March 31st must be vaccinated by date noted by CW. Students in clinical between April 1st and September 30th are exempt.
- ☐ Documentation of immunity to Rubella, Rubeola and Mumps either by two MMR vaccines or positive Rubella, Rubeola, or Mumps titers.
- ☐ Documentation history of 2 varicella vaccines or documentation of a positive varicella titer.

- ☐ Documentation of one time dose of Tdap with a record of TD booster within the last ten years.
- ☐ Documentation of a negative ten-panel drug screen prior to the start of student's clinical rotations.
- ☐ Documentation of current Healthcare provider CPR certification if in direct patient care areas.

III. OSHA Category I requirements for students/on-site faculty

- ☐ Check box if student or faculty is in a Category I placement. Category I individuals are those individuals whose job classifications may or will provide exposure to blood or any other high-risk body fluids during the performance of their job responsibilities.
- ☐ Documentation of the Hepatitis B vaccine series, or a positive HBSAB titer, or a signed refusal.
- ☐ Appropriate initial education on OSHA Blood borne Pathogen Standard (29 CFR Part 1910.1030) or annual in-service on the above standard.

IV. Background information disclosure requirement for students/on-site faculty

- ☐ The student(s) and faculty listed have complied with the Caregiver Background Check Law (Wisconsin Administrative Code Chapters HFS 12 and 13), which is applicable to all students and faculty who will be on the CW premises, according to CW policy. The facility listed above has completed the Wisconsin Caregiver Background Check within 24 months of the end date specified in the "Date of Experience" field of this Student Placement Certification Form, Section I, Item G, and neither the students nor faculty are prohibited from providing services under the Caregiver Background Check Law, as applicable to all students and faculty. The Facility listed above has provided CW with all information found in the course of the required caregiver checks as required pursuant to the Caregiver Background Check Law.

V. HIPAA forms

- ☐ Completed HIPAA forms for each student and on-site faculty are attached.

I certify that each of the above requirements has been met for the student(s) and faculty listed. The person executing and attesting to the provisions of this exhibit A- Student Placement Certification Form represents and warrants that he or she has full power, authority and right to execute this **Exhibit A - Student Placement Certification Form** and that execution of this **Exhibit A - Student Placement Certification Form** by such person is sufficient and legally binding on _____ without the joinder or approval of any other person or party.
(Name of school)

By: _____
Signature of facility representative

By: _____
Signature of CW representative

Print full name

Print full name

Title: _____

Title: _____

Date: _____

Date: _____

*EXHIBIT A- student certification and HIPAA attachment are due **30 days prior** to the start of the rotation. Security Services and IS will not issue student ID Badges and Epic access until returned. Students may not be in any area of Children's Wisconsin and/or its affiliates without a current CW picture identification card visible.*