



## School Affiliation Roster (PCT)

Name of school: \_\_\_\_\_

Name of instructor: \_\_\_\_\_

Unit for affiliation: \_\_\_\_\_

Start date of affiliation: \_\_\_\_\_ End date: \_\_\_\_\_

Day(s) of the week and time(s) unit being utilized: \_\_\_\_\_

<b>Instructions:</b> Paperwork <b>MUST</b> be completed annually for both students and instructors. Please check/place score in appropriate box. <u>Attach all paperwork (signed forms and tests) to roster.</u> All paperwork must be received by the end of the first clinical day. Return to Renee Zink (x 447-8187 or Cathy Smith 447-8049)—Nursing Professional Development, LL Hospital. You may interoffice it to her from the hospital.								
Name (Please print)	Clinical Experience (COVID) Questionnaire and Acknowledgment Form	Student/Faculty Statement of Confidentiality	Corporation Compliance Certification (✓)	Products for Sharps Safety (✓)	Statement of Code of Ethics (✓)	Self Learning Module Post Test (Score)	Influenza Vaccination Form completed (instructor and students)	
<b>Instructor:</b>								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								