**Attachment D**


#  Division of Nursing

**Mandatory Requirements for Students Placements**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone and email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BMC Unit/Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start and End Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This attendance sheet confirms that the Faculty Clinical Instructor and students have met the following Joint Commission, DPH, OSHA, and BMC’s requirements:

# Mandatory Requirements

1. Successful completion of the Massachusetts Centralized Nursing Clinical Placement

 System Orientation Modules, evidenced by passing of the post tests with score of

 100%. The three modules are: Basics of student placement, Infection control and

 prevention, and Environment of care. The Online orientation acknowledgement form

 should be given to the clinical instructor who will forward to the student placement

 coordinator for BMC

2. BMC ID Badge

3. Red Infection Control/Fire Safety Card

4. Student Placement Policy Review

5. BMC Policies as provided

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| **PRINTED NAME:** | **SIGNATURE:** |
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Return this form to Pamela Corey, RN MSN FAX: 617-414-3951, by the first day of the clinical experience.