



**Confirmation of Standards Checklist
For Student Internship/Externship or Clinical Rotation**

Clinical Education
2901 Squalicum Parkway
Bellingham, WA 98225
StudentCoordinator@peacehealth.org

**PeaceHealth
Northwest Network**
St. Joseph Medical Center, Bellingham, WA
United General Medical Center, Sedro-Woolley, WA
Peace Island Medical Center, Friday Harbor, WA

Name of School	<input type="text"/>	Name of School Representative	<input type="text"/>
Name of Program	<input type="text"/>	School Representative's Phone #	<input type="text"/>
Full Name of Student	<input type="text"/>	School Representative's Email	<input type="text"/>
Start Date of Student Placement	<input type="text"/>	End Date of Student Placement	<input type="text"/>

Affiliation Agreement

I confirm that an Affiliation Agreement is in place between my school and PeaceHealth Northwest Network.

Criminal Background Check

I confirm that the following Criminal Background Checks have been completed with satisfactory results and are filed in the student record

A separate search for EACH and EVERY state and EVERY County in which the student has lived for the past 7 years.
Example: Student has lived in Portland, OR and Vancouver, WA in the last 7 years
Response: Check should show 4 DIFFERENT searches - OR state, WA state, Multnomah county, and Clark county

Washington State Investigation (Even if the student has never resided in Washington state)

Social Security Number Check

F.A.C.I.S. / OIG (including Medicare Fraud & Abuse)

If applicant self-disclosed criminal history, please document disclosure here:

Drug Screening

UA (10 panel drug screen) has been completed with satisfactory results and is filed in the student record

Health Screening (documentation is in the student record)

Tuberculosis Test (TB) Measles (Rubeola) German Measles (Rubella) Mumps

Chicken Pox (Varicella) Tetanus/Diphtheria/Pertussis Hepatitis B (for direct caregivers) or declination signed

Flu Shot: Received **OR** Declined (declination signed)

Flu Shot Date (must be current) Flu shot Provider:

PeaceHealth Confidentiality Agreement and IS User Setup Request

Signed by student and attached to this document for submission to PeaceHealth

Orientation Information Manual

Student has read the Orientation Information Manual and completed the Orientation Information Quiz.
Quiz is kept on file in the student record at the school. (Do not send to PeaceHealth)

My signature confirms that all of the items on this Confirmation of Standards Checklist are accurate and complete (All boxes completed).

School Representative Signature	<input type="text"/>	Date	<input type="text"/>
PeaceHealth Representative Signature	<input type="text"/>	Date	<input type="text"/>

School Representatives: Send completed form, along with Confidentiality Agreement to StudentCoordinator@peacehealth.org.