

THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
OFFICE OF STUDENT AND ALUMNI AFFAIRS
REQUEST FOR CLINICAL INFORMATION
RETURN FORM TO: ANGELA-THOMAS@OUHSC.EDU
PLEASE ALLOW 1 WEEK FOR PROCESSING

ALL INFORMATION MUST BE COMPLETED PRIOR TO PROCESSING

STUDENT NAME: _____
STUDENT ID: _____
EXP. GRAD DATE: _____

MSN- _____ PhD DNP

PLEASE E-MAIL VERIFICATION TO:

NAME: _____
AGENCY: _____
EMAIL: _____

I WOULD LIKE THIS VERIFICATION TO INCLUDE:

ATTN: Students may access their completed background checks via the Application Station.
[\(https://consumercare.certiphi.com/\)](https://consumercare.certiphi.com/)

- *Immunization print out (Dates only) *BLS/ACLS (Date only)
 *Verification of negative drug screen (Date only)
 Liability insurance
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*** Immunization print out only verifies dates of completion. If site requires any shot records, then the student will need to provide.**

*** Verification of negative drug screen will include positive/negative and date. This will be shown on the immunization print out. To receive a copy of the completed background check, present a photo ID to OKC CRG. If facility is out of the OKC area, CRG will help attain a copy from the collection site used.**

*** BLS/ACLS will only be date verification. If site requires copies of card, the student will need to provide.**

*** HIPAA completion dates will automatically appear on Immunization print out. If site requires copy of certification, then the student will need to provide.**

Signed: _____ Date: _____
Phone #: _____

**** Per FERPA regulations, CON cannot provide copies of Immunization records to students.**

**** Letter of Good Standing request will need to be submitted separately.**