

THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING

OFFICE OF STUDENT AND ALUMNI AFFAIRS

REQUEST FOR CLINICAL INFORMATION

RETURN FORM TO: Jessica-Thompson@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/>)

*Immunization print out (Dates only)

*BLS/ACLS (Date only)

*Verification of negative drug screen (Date only)

Liability insurance

*** 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.**