

**College of Health and Human Services  
Agency Requirements**

As part of the affiliation agreements between the different agencies and the College of Health and Human Services, you are required to provide specific compliance records to the college (in addition to those you provide to the university) before you can start clinical/practicum/internship.

Please **complete** this form by **recording** your immunization dates and **attaching proof**. Once completed, you may fax the form to (704)687-1655, send via email (alopez31@uncc.edu), or turn in a copy to Ashley Lopez in the CHHS Advising Center, located in the Health and Human Services Building Room 103D. If you have any questions, please contact Ashley at 704-687-7922.

If you plan to use the Student Health Center (SHC) to receive any of your immunizations, you must call (704)687-7400 to schedule an appointment. Doing this will save you time and trips to the SHC.

**\*Always make a copy for your records before turning in to the CHHS Advising Center\***

<b>Name:</b>		<b>Student ID:</b>		<b>DOB:</b>	
<b>Degree:</b> <input type="checkbox"/> BS <input type="checkbox"/> MS <input type="checkbox"/> DNP		<b>Major:</b>			
<b>Immunization</b>	<b>mm/dd/yy</b>	<b>mm/dd/yy</b>	<b>mm/dd/yy</b>	<b>Titer date &amp; results. Attach Proof.</b>	
<b>3 DPT</b> Diphtheria, Tetanus, Pertussis	#1	#2	#3	Results	Date
<b>Tetanus</b> Within 10 years				Results	Date
<b>MMR</b> Measles, Mumps, Rubella	#1	#2		Results	Date
<b>Hepatitis B</b> Series of 3	#1	#2	#3	Results	Date
<b>Varicella</b> (Chickenpox) Series of 2	#1	#2	Disease Date	Results	Date
<b>Influenza</b> Annual Requirement					
<b>Tuberculin Skin Test</b> (PPD) Annual Requirement. If PPD is positive, a one-time chest x-ray is required. Chest x-ray documentation is to include date, results, and recommendation(s) for future testing. Some agencies require a two-step test. Check with your program coordinator				Results	Date
				Results	Date

<b>Additional Compliance Requirements. All of these may/may not be required. Check with your program coordinator.</b>		
<b>Criminal Background Check</b>	Date Completed	
<b>Drug Screening</b>	Date Completed	
<b>Bloodborne Pathogens Training</b>	Date Completed	
<b>Professional Liability Insurance</b>	Coverage Dates	
<b>CPR</b>	Coverage Dates	
<b>RN License (Nursing Only)</b>	Coverage Dates	