



**UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF NURSING
PREREQUISITES FOR CLINICAL PRACTICUM COURSES**

1. 1. Valid RN licensure in state of practicum experience (RN/BSN and MSN students only).
2. 2. Current CPR Certification.
3. 3. Physical examination on file.
4. 4. Current immunizations as outlined in health policy.
5. 5. Verification of Health Insurance.

PART I: Instructions for Students

Complete Part I and provide the following information for faculty visual validation:

1. 1. RN Licensure (RN/BSN and MSN students only).
2. 2. CPR Certification Card.
3. 3. Completed Health Insurance Verification Form.

STUDENT NAME: _____

COURSE: _____ SEMESTER AND YEAR: _____

PRECEPTOR(S): Name and Credentials

Title(s) _____

Practicum Site(s) _____

Address _____

PART II: Instructions for Faculty

1. Review Part I for accuracy and completeness.
2. Verify the following and complete the section below.
 - a. RN licensure (RN/BSN and MSN student only).
 - b. CPR Certification.
 - c. Completed Verification of Health Insurance Form.
3. Return the form to the Associate Dean's Office.

VERIFICATIONS

LICENSURE (RN/BSN and MSN Students only:) State(s) _____

License Number(s) _____

Expiration Date(s) _____

EXPIRATION DATE: CPR Certification _____

EXPIRATION DATE: PPD _____

HEALTH INSURANCE VERIFICATION FORM ATTACHED: Yes No

Faculty Signature _____ Date _____

University of South Alabama
College of Nursing
Verification of Health Insurance

My signature below signifies that I understand I am responsible for all personal health care expenses including expenses resulting from accident or sickness, illness or injury while I am engaged in learning experiences required by the College of Nursing. Neither the University, the College of Nursing, nor the clinical agency are responsible for these expenses. I realize that as a student I am required to maintain health care insurance comparable to the University of South Alabama's Student Accident and Sickness Insurance Plan. This is to advise the University that I am currently covered under the following health insurance policy and that the policy will be in effect during my entire clinical course:

INSURANCE COMPANY:

POLICY HOLDER (SUBSCRIBER):

If the insurance is not the University of South Alabama's Student Accident and Sickness Insurance Plan, it is my opinion that the above coverage is roughly equivalent to that provided under the University of South Alabama's Student Accident and Sickness Insurance Plan.

Signed this _____ day of _____ 20 _____

Student Name _____

Student Number _____

Student's Signature _____

Witness _____