

## Appendix B

### NURSING SCHOOL STUDENT LETTER SAMPLE

# ***SAMPLE***

## ***Example Regulatory Letter***

{SCHOOL LETTERHEAD}

DATE

Sibley Memorial Hospital  
Department of Education and Training  
5255 Loughboro Road, NW  
Washington, DC 20016-2695

To the Dept. of Education @ Sibley

The information listed below has been verified for each [SCHOOL NAME] clinical faculty member and student assigned to Sibley Memorial Hospital for clinical experience(s) from [START DATE –END DATE]:

1. Health requirements:

- a. Current (annual) Tuberculosis (TB) screening, (negative PPD or negative CXR)
- b. Hepatitis B vaccination or declination of vaccine,
- c. MMR vaccination
- d. Varicella immunization/vaccination
- e. TDAP vaccination
- f. Seasonal flu vaccination (by December 1 of each year)

2. CPR

3. Nine Panel urine drug screen

4. Infection Control training

5. Annual Bloodborne Pathogen training

6. Annual HIPAA training

7. Verification of health insurance

8. Verification of professional liability insurance (current RN's only)

9. Confidentiality pledge

10. Criminal background check

The name of the clinical faculty member is [NAME] and the student names are as follows {NAME1, NAME2,...etc}.

It is the policy of [SCHOOL NAME] that for duration of enrollment in the program, each student is required to carry health insurance which includes Emergency Room benefits.

Proof of completion of all items above is current and has been provided to the Sibley Education Department through CB Bridges.

Sincerely,

[SCHOOL SIGNATORY]