



**NURSING STUDENT & FACULTY INFORMATION FORM A**  
**FOR CLINICAL GROUPS / Clinical Information System Form**  
*Please complete this form OR the Clinical Group Excel template*

Name of school \_\_\_\_\_

Clinical Instructor/Faculty name \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone # \_\_\_\_\_

Clinical unit \_\_\_\_\_ Days of week & hours of experience \_\_\_\_\_

START date of experience \_\_\_\_\_ END date of experience \_\_\_\_\_

Student Name	Email Address	Date of Birth	Last 5 digits of School ID
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

The following information regarding each student and faculty must be forwarded at least 1 week prior to the beginning of the experience:

- This form
- Current annual tuberculin survey status; proof of hepatitis B vaccination or declination of vaccine; proof of MMR vaccination; demonstration of varicella immunization/vaccination; proof of flu vaccination; proof of Tdap vaccine\*
- Proof of bloodborne pathogen safety and HIPAA training\*
- Verification of health insurance\*
- Criminal background check\*
- Copy of or written verification from school of nursing official certificate of professional liability coverage\*
- Copy of current Maryland RN license for faculty member.\*

\*follow-up with school clinical or course coordinators regarding student status for each starred item\*

Send all information to: JHH Nursing Student Clinical Placement Team [jhh-nursingstudent@jh.edu](mailto:jhh-nursingstudent@jh.edu) or submit to school coordinator per school process.