

NURSE AIDE CHECKLIST OF REQUIREMENTS

STUDENTS NAME _____

Classroom Dates: _____

Clinical Dates: _____

Classroom location: _____ Clinical location _____

_____ Two step TB test

_____ One step TB test, if a two-step completed this year

_____ Chest X-ray if indicated

_____ Standard/Basic watch with a second hand (no Apple watches)

_____ Physical (if pregnant, a release letter from physician)

_____ Copy of Social Security Card

_____ Form stating Background check completed

_____ BCI AND FBI Background check results back clearing student for
clinicals (must be done within the year and still valid until the last day
of clinicals).

_____ FBI Background check results back clearing student for clinicals

_____ Copy of driver's license or ID verifying student is 18 or older

_____ Liability Insurance verification

_____ Hepatitis B Vaccine information

_____ Health Insurance card

_____ Student handbook signature page

_____ Enrollment paperwork

Other Items

_____ Attendance records for classroom instruction

_____ Independent Practice completed form

_____ Attendance records for clinical experience

_____ Skills testing checklist

_____ Final Skills checkoff

_____ Class paid in full before clinicals

_____ Classroom Evaluation

_____ Clinical Evaluation

_____ Certificate of Completion

_____ Students evaluation of program

_____ Ohio Knowledge Vocabulary worksheets

_____ Optional: Chapter Homework (extra credit)

_____ Other:

_____ Other:

_____ Other:
