## School Letterhead Required

## Sample Attestation Letter for Students

This letter is to inform you that the students listed below are scheduled to complete clinical learning experiences at UT Southwestern Medical Center (UTSW) to fulfill requirements for the school's education program. The listed instructors and students have met all of the requirements listed in accordance with the Dallas-Fort Worth Hospital Council Foundation (DFWHCF) Regional Standards for Drug Screening, Background Checks and Immunizations (effective January 1, 2013) and the Educational Experience (Affiliation) Agreement between the School and UTSW.

All Non-US Citizen students have the necessary documentation to study in the United States.

	will not expire before the end of the clinical rotation: ground Check – Must be conducted by the School
☐ Professional and	d General Liability insurance coverage
	million dollars (\$1,000,000) per occurrence and
	e million dollars (\$3,000,000) annual aggregate
	ressional Ten (10) Panel Drug Screen [cocaine, amphetamines, barbiturates,
	marijuana, opiates, phencyclidine, propoxyphene, methadone, synthetic opiates]
-	
	of immunity for:
	MR vaccinations or positive titers (rubeola/measles, mumps, rubella/German meas
	ative tuberculin (TB, TST or QFT) screen and/or negative CXR
	of having TB or a positive TB screen, must show completed treatment or
	e chest X-ray within the past two years.
` /	ricella vaccines or positive titer
	ne/booster within past ten (10) years (tetanus, diphtheria & pertussis)
<ul> <li>Full Hepatit</li> </ul>	is B vaccine series and/or immunity to Hepatitis B
Seasonal influer	nza (flu) vaccination received as recommended by CDC (www.CDC.gov)
<ul> <li>During f</li> </ul>	flu season, October 1 through March 31.
<ul> <li>The following</li> </ul>	owing instructors/students declined vaccination:
1.	
2.	(etc.)
☐ Current Basic L	ife Support (BLS) for Healthcare Provider by American Heart Association (A
☐ Dallas-Fort Wo	rth Hospital Council Foundation (DFWHCF) Standard Hospital Orientation P
	g HIPAA, OSHA and Infection Control training
Clinical Faculty:	Name: Cell Phone:
Student Level	
Clinical Day(s)	
Clinical Hours	
Clinical Dates	
Assigned Unit(s) Student Names	1
Student Names	1.
Holidays	2. (etc.)
11011days	

Name/Signature of School Official

(Principal, Dean, Program Coordinator—NOT instructor)

Contact information

(School name, address, phone/fax number, e-mail address, etc

on-boarding program scheduled with the UTSW Education Department.

9/5/14