

**Angelo State University**  
**Department of Nursing**  
**Clinical Readiness Checklist**

Student Name \_\_\_\_\_ CID \_\_\_\_\_ Course \_\_\_\_\_

It is the responsibility of the Advanced Practice Nursing Student to provide the Graduate Nursing Program Secretary with Proof of the following information **BEFORE** being allowed to participate in the clinical portion of their coursework.

Current RN License \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current BLS (CPR) Card Date: \_\_\_\_\_

Hepatitis B Vaccine or Positive Titer Date: \_\_\_\_\_

MMR Vaccine or Positive Titer Date: \_\_\_\_\_

Varicella Vaccine, Positive Titer or Waiver Date: \_\_\_\_\_

TDAP Vaccine Date: \_\_\_\_\_

Annual Flu Vaccine Date:\_\_\_\_\_

Annual TB Test (or CXR every 2 years if positive) Date:\_\_\_\_\_

Health Insurance  
 Provider: \_\_\_\_\_  
 Coverage Dates: \_\_\_\_\_

COVID-19 Acknowledgement and Consent (Signed) Date: \_\_\_\_\_

HIPAA and Blood Borne Pathogens (if Required) Date: \_\_\_\_\_

Background Check & Drug Screen (if Required) \_\_\_\_\_ Date: \_\_\_\_\_

Physical Examination (if Required) Date: \_\_\_\_\_

Renewable clinical requirements (TB, Flu, BLS) are not required until the semester **BEFORE** you start your first clinical course. It is recommended that you have proof of all requirements in place the semester **BEFORE** you are to begin your first clinical course.

Due Date for submission of ALL of the above requirements is: \_\_\_\_\_

Student Cleared for Clinicals by \_\_\_\_\_ Date \_\_\_\_\_