

## **ND Student NMS1 Course Summary Checklist (NM5820)**

Please record the date that each item is completed and return the form with all the required documentation to the course instructor. Refer to course syllabus for specific deadlines.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

<b>Clinic Observation 1</b>	<b>Date Completed</b>
Attended clinic tour	
Received Clinic Photo ID badge	
Completed Background check	
Completed TB testing	
Completed Blood Borne Pathogens training	
Completed HIPAA confidentiality training	
Completed Confidentiality Policy Acknowledgement and Agreement form (Clinic)	
Attended Winter quarterly check-in meeting	
Attended Spring quarterly check-in meeting	
Completed Hepatitis B waiver or immunization series	
Completed additional immunizations for select external clinic sites (optional)	
Completed 20 clinic observation hours (timesheet)	
Completed three (3) clinic visits	
Completed three (3) counseling visits at counseling center (timesheet and evaluation)	
Completed Course Competencies for Clinic Observation 1 (documented)	

**Be sure to retain a copy for your records.**

**This form must be turned in to the NM5820 course instructor in order to earn a grade of AC for the course and progress to NMS2.**