

**GOVERNORS STATE UNIVERSITY  
FAMILY NURSE PRACTITIONER PROGRAM  
CLINICAL PRACTICUM CHECKLIST**

Student Name: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

Practicum Site: \_\_\_\_\_

Preceptor Title: \_\_\_\_\_

	DOCUMENT DESCRIPTION	YES	NO	EXP DATE	COMMENTS
1.	<b>Health Physical</b>				
2.	Resume				
3.	Active unrestricted RN License				
4.	CPR / BLS Provider Card				
5.	FNP student liability insurance (1/6 mi)				
6.	Annual 10 Panel urine drug screen				
7.	Annual Criminal Background Check				
8.	Flu Vaccine or declination				
9.	Tdap				
10.	TB screen/ Chest X-ray				
11.	Mumps, Measles, Rubella				
12.	Hepatitis B Immunization				
13.	Varicella titer report				

**NOTE:**

1. The above documents must be presented to the FNP clinical instructor prior to attending clinical (preferably on the first day of class).
2. The clinical practicum portfolio must also be presented to your clinical instructor before giving it to your clinical preceptor on the first day of clinical: objectives, nursing license, resume, proof of malpractice insurance, course syllabus, clinical evaluations, and course instructor contact information.
3. The documents must also be scanned into TYPHON in the appropriate designated sections.
4. You **may not attend** your practicum if this checklist is not completed and dated. Any clinical performed before this checklist is completed will not be counted. **Failure to complete the checklist in a timely manner will delay the start of your practicum.**
5. The student is responsible for keeping all their required documents up-to-date in Typhon. For example, if the student's CPR card expires the end of October 2016, the student must upload into Typhon their new CPR card prior to the end of October 2016 or the student will not be able to continue their clinical rotation and risk forfeiture of the clinical hours the student completed during the time their CPR card was expired.
6. Required clinical documents are subject to change and may include practicum site specific required documentation as well
7. Include this signed checklist as the first document while scanning.

**Required clinical documents are subject to change and may include practicum site specific required documentation as well.**

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Instructor Signature/Date