

Records Verification for Student Interns From Affiliating Institutions (Nursing Students & Instructors)

The purpose of this form is to verify that the Affiliating Institution has on file current records for student interns who will be participating in a student internship/clinical rotation at St. Luke's University Health Network (St. Luke's).

Affiliating Institution: _____

Effective Dates: _____ (start of program-graduation date)

St. Luke's Hosting Department: NURSING

St. Luke's Hosting Supervisor: Kristi Green, Clinical Student Services Liaison

As required by the affiliation agreement between _____ (SCHOOL NAME) and St. Luke's University Health Network (St. Luke's), I am hereby attesting to the fact that the following **student or Nursing Instructor** has documentation current and on file as listed in the affiliation agreement:

Legal first, middle, & last name	Site student/instructor is assigned to (if department has multiple sites)
	SLUHN Nursing

By signing this **Records Verification Form**, I understand and attest that proof of completion of requirements is on file at the school for the student intern listed above. These include: immunizations (including **the most current annual seasonal flu vaccine**), negative Urine Drug Screen, FBI fingerprint-based criminal record check, Child Abuse History Clearance, PA State Police criminal history check and completion of all required educational or other reading materials. Schools therefore will assume responsibility/liability for reviewing and maintaining all background checks. If a record exists, the School is required to forward those documents for review and approval by St. Luke's prior to acceptance of the student's internship. Failure to comply with the requirements of the affiliation agreement will jeopardize current and/or future student participation in any educational placements at St. Luke's University Health Network facilities.

Dean/Chair of Affiliating Institution: _____ (signature) _____ (please print name)

Date: _____