

Return all documentation to  
[student\\_education@coxhealth.com](mailto:student_education@coxhealth.com)  
 or fax to 417-269-8472



## COMPLIANCE CHECKLIST

(For Students and/or Faculty participating in learning experiences at CoxHealth)

**Instructions:** Use the checklist below as reference before submitting your application materials to the Education Center. *Documentation of the following items are required for participation in student learning experiences at CoxHealth. All documents must be emailed to [student\\_education@coxhealth.com](mailto:student_education@coxhealth.com) or faxed to 417-269-8472 at least 30 days before your rotation start date.*

|  |   |  |  |
|--|---|--|--|
|  | TB screening: negative results read after initial date of enrollment in current school program  |  | Hepatitis B: three vaccinations or signed statement declining the vaccine  |
|  | Hepatitis A vaccination (for food service only)   |  | Tdap: one vaccination  |
|  | Measles, Mumps, Rubella (MMR): proof of immunity to all three diseases by two vaccinations or laboratory tests (titers)   |  | Varicella: proof of immunity by two vaccinations, laboratory test (titer), or signed documentation by physician documenting history of disease |
|  | Seasonal Influenza vaccination at least 15 days prior to participation in practicum (only required for rotations between October 1 through end of flu season per CDC guidelines)  |  | Negative ten panel urine drug screen (UDS) (Results must be negative and read after initial date of enrollment in current school program)      |
|  | Letter of good standing from school authorizing your participation in clinical rotations for the semester you are rotating in <i>OR</i> proof of enrollment for the semester you are rotating in.   |  |  |
|  | Documentation of <b>State Criminal Background Check</b> for all states where the student has lived/worked in the past seven (7) years. A criminal background check for the State of Missouri is required regardless if the student has lived or worked in the State of Missouri. CoxHealth is not responsible for the cost of the background check(s). Prior to the student beginning practicum, the results from the background check must be submitted to CoxHealth by the either the company who ran the check, or the student's school. |  |  |
|  | Documentation of a <b>Federal Background Check</b> for all states where the student has lived/worked in past seven (7) years. CoxHealth is not responsible for the cost of the background check(s). Prior to the student beginning practicum, the results from the background check must be submitted to CoxHealth by the either the company who ran the check, or the student's school.  |  |  |
|  | Negative search for the <a href="#">Office of Inspector General Exclusion List</a> (free), EPLS Exclusion List or the Department of Health and Senior Services. CoxHealth is not responsible for the cost of the search. The results from the search must be provided prior to the student beginning practicum.   |  |  |
|  | "No finding" from the Family Care Safety Registry <i>if</i> student is participating in experience at <a href="#">the Cox Learning Centers (daycares)</a> .   |  |  |
|  | Proof of school's professional liability insurance coverage acceptable to CoxHealth and with separate limits of at least one million dollars (\$1,000,000) per claim and three million dollars (\$3,000,000) per year. <i>The school bears the expense of this coverage and it is to remain effective during term of agreement.</i> Students are not required to submit a copy of their own professional liability insurance.   |  |  |
|  | If applicable, any faculty or professional staff provided by School shall provide proof s/he is duly licensed, certified or otherwise qualified to participate in the practicum at CoxHealth.   |  |  |
|  | If applicable, any additional certifications or licenses that are required for participation in clinical rotations at CoxHealth. Please see the table on the <a href="#">Clinical Rotations web page</a> for details.   |  |  |
|  | Professional photo unless you will wear your ID badge from your school. Please notify the Education Center if you will not need a CoxHealth ID badge.   |  |  |