NameEmail		Durham Tech Student ID# Phone Number			
School Program (check one): Clinical Site		Dialysis Tech			Phlebotomy Tech
Preceptor/Supervisor					
Orient Paperwork					Course Section #
Immunizations Reviewed (date)			Approval Da	 ate	

AHA BLS- Provider- CPR Training (Saw Card)	Expiration Date		
Professional Liability Insurance (Provided by Durham Tech)	By 262000123 395.8 26416199400121 re 1299 re f 22.6 396.MC		
Criminal Background Check	Date Completed		
Drug Screen (urine)	Date Completed		
Required Immunizations	See attached guidelines (per CDC recommendations)		
Measles (2 doses or positive titer)	Date(s) Completed		
(2 doses or positive titer)	Date(s) Completed		
Rubella (2 doses or positive titer)	Date(s) Completed		

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