

Hinds Community College Health Sciences Programs Clinical Record Packet

General Directions & Information

All nursing/allied health programs utilize a Clinical Records Repository (CRR) to intake students' clinical health records. The CRR provides colleges, universities and other education institutions nationwide a secure, web-based, environment to maintain all records required as part of the clinical records packet. Additionally, the CRR monitors and notifies students of any missing documents as well as reminding students when documents are set to expire. Students pay a small fee for this service, which is charged to students as part of healthcare professional fees. Students have access to all submitted documents through the CRP even when no longer enrolled in the college.

DO NOT attempt to register for an account in the CRR until you have been notified by your chair/director or advisor. During call-in/orientation, students will be given information regarding the registration process for a CRR account. Students will be informed by program chair/director or advisor when students may register for an account in the CRR.

Using a login and password to access the CRR student portal, students will be required to upload clinical requirement documents to the student's account by the program's designated due date. Failure to submit all documents required as part of the Clinical Record Packet by the designated due date will result in disruption in progression. Attendance guidelines will be enforced for any time missed due to lack of complete clinical requirements. For questions about program deadline dates or satisfactory completion of requirements, contact the appropriate program representative provided on the list on page 2 of this packet.

Uploading your documents is easiest by scanning and uploading. Scanning and uploading using your cell phone is very convenient. Newer iPhones have the ability to scan documents as PDF through the Notes App, or the CamScanner mobile app, which is available through the App Store on your phone. **Please do not take photos of the document and upload.** Directions regarding how to upload documents is available on the CRR website.

Students may choose to go to any healthcare provider. However, the following healthcare agencies provide a variety of services, such as physicals, immunizations, lab tests, etc.:

- MEA Medical Clinical (all locations)
- Family First Healthcare, Pearl, MS 769-223-3261
- MedScreens, Inc. · 601-939-3030
- Jackson Hinds Comprehensive Health · 601-362-5321
- GA Carmichael Family Health Center, Canton, Ms. 601-859-5213

All clinical requirements uploaded to the CRR must include a date that will be current for the entire semester. **Altered documents will not be accepted and may be grounds for student conduct referral!**

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. We recognize our responsibility to provide an open and welcoming environment that fosters a culture of diversity, equity, and inclusion for employees and students to collaboratively learn, work and serve our communities.

The following have been designated to handle inquiries regarding these policies:

EEOC Compliance: Director of Diversity, Equity and Inclusion Box 1100 Raymond MS 39154; Phone: 601-857-3458 or Email: EEOC@hindscc.edu

Title IX: Associate Vice President Student Services, Title IX Coordinator Box 1100 Raymond MS 39154; Phone: 601-857-3353 or Email: TitleIX@hindscc.edu

Health Science Program Representatives

Dr. Natalie K. McKee
ADN & PN Clinical Coordinator
601-376-4903
Natalie.sigler@hindsgcc.edu

Ms. Jamesha Walker, Program Chair
Dental Assisting
601-376-4820
jamesha.walker@hindsgcc.edu

Ms. Lesa Wilson, Program Chair
Diagnostic Medical Sonography
601-376-4821
lbwilson@hindsgcc.edu

Mr. Thomas Goodwin, Program Chair
Emergency Medical Technology
601-376-4822
thomas.goodwin@hindsgcc.edu

Ms. Johnnie West, Instructor
Healthcare Assistant
601-376-4847
johnnie.west@hindsgcc.edu

Ms. Michele McGuffee, Program Chair
Health Information Technology
601-376-4823
mlmcguffee@hindsgcc.edu

Ms. Melinda Roberson, Program Chair
Physical Therapist Assistant
601-376-4825
melinda.roberson@hindsgcc.edu

Ms. Jennifer Davis, Program Chair
Radiologic Technology
601-376-4826
Jennifer.Davis@hindsgcc.edu

Ms. Lashonda Eades, Program Chair
Respiratory Care
601-376-4827
lashonda.eades@hindsgcc.edu

Ms. Jamie Tidwell, Program Chair
Surgical Technology
601-376-4840
jamie.tidwell@hindsgcc.edu

Ms. Kim Neely, Health
Continuing Education Coordinator
**Short-Term [Nursing Assistant & Phlebotomy]
Reorientation to Nursing**
601-376-4958
Kimberly.Neely@hindsgcc.edu

Clinical Record Requirements Check List

The following are requirements for all students entering/continuing in Health Sciences programs. Once given access to their CRR Account, students are responsible for uploading all documents, with the exception of the Clinical Clearance Letter and the Drug Screen Results, to the student's account through the CRR Portal.

****Do not upload any documents that expire during the semester in which you enter or are continuing. For example, if you have a Quantiferon blood test (for TB) completed in October 2023, it expires in October 2024, which is during the current semester. The Quantiferon blood test will need to be repeated prior to the beginning of the Fall 2024 semester.**

Hinds' Health Sciences Programs' Health Requirements	Item Completed	Item Uploaded
Annual Requirements		
<p>Completed Health History Upon Admission & Annually Thereafter To be completed by the student, Page 6 of this packet.</p>		
<p>Completed Physical Exam Form Upon Admission & Annually Thereafter To be completed by physician or certified nurse practitioner within three months of <i>the program's due date</i>, i.e., if due on August 1, must have been completed no earlier than May 1st. All areas must be completed on the Hinds Community College approved form on page 7 of this packet.</p>		
<p>Quantiferon Gold or T-Spot for TB Screening, Upon Admission & Annually Thereafter A record of negative results from an IGRA (QuantiFeron Gold® or T-Spot) blood test is required upon admission. <i>It must have been done in a time frame so that it does not expire during the middle of a semester.</i> Note: TB skin tests are no longer accepted for students. *If you have ever had a positive TB skin or blood test, you will need to provide a clearance letter by the Health Department or healthcare provider. You may also be required to submit a negative chest x-ray after beginning the program, depending on the assigned clinical facility.</p>		
<p>Flu Vaccine Annually between August 1 & October 1 Flu vaccines are required annually in the fall between August 1st and October 1st to provide coverage for the upcoming flu season. Students admitted or repeating a course in the spring/summer semester must show documentation of a current flu vaccine.</p> <ul style="list-style-type: none"> • Students have the right to request a medical or religious exemption by submitting a Flu Vaccine Medical/Religious Exemption Form, located on page 8 of this packet, along with documentation supporting the exemption request to the program's director and/or clinical coordinator. • All Flu Vaccine Medical/Religious Exemption Form submissions will be reviewed by the clinical health requirements committee or the clinical agency's review committee. If approved, clinical agencies reserve the right to require students who have not had the flu vaccine to wear a mask during the entire clinical experience. • A clinical agency may deny an exemption request, and an alternate clinical placement may not be available which may affect student progression in the program. 		
<p>OSHA/HIPAA Certificates Upon orientation/registration students will be given information by program director/chair regarding completion of OSHA/HIPAA information and/or modules. Upon completion of the required assignments (modules) students will upload completion certificates. All certificates must be uploaded at one time. Satisfies CAE-2Y criteria 5a and 5b</p>		
Biannual Requirements (every 2 years)		
<p>CPR: Upon Admission and Every 2 Years Thereafter Proof of current American Heart Association <u>BLS Provider Certification</u> with a signed card (both front and back) or a BLS Provider E-Card (AHA Heart Saver and Red Cross courses are NOT acceptable). Letters stating student has completed a BLS course and is awaiting a CPR Card will only be accepted from Hinds Community College's continuing education department and must be uploaded. If the BLS Card/E-Card expires anytime during the current semester, then the student will need to retake the class prior to the start of the semester. **NAHC Healthcare Continuing Education Department holds BLS Provider Certification Courses frequently. Contact 601-376-4958 for course information. If you choose to utilize another facility for this, make sure you are taking the BLS Provider Certification class, NOT a HeartSaver class.</p>		

<p>Background Records Check: Upon Admission and Every 2 Years Thereafter All students must complete fingerprinting and criminal background check from the Nursing/Allied Health Center <i>within 3 weeks of the call-in (orientation) or prior to the start of class for students attending late call-ins (orientation).</i> Students who do not comply with this may lose spot in program or be required to withdraw from program with no refund of tuition and fee. Students who have any eliminating background record will not be allowed admission to any nursing or allied health program. Students may also be denied the ability to progress in a program of study based on eliminating background information. Students will receive information regarding signing up for fingerprinting during the call-in/orientation. For more information, review the procedure on the Nursing & Health Related Professions page of the College website: https://cdn2.hubspot.net/hubfs/196949/Documents/NAHC/Criminal_Background_Check_Procedure.pdf *Clearance letters will be uploaded to the student’s CRR account by the Clinical Records Clerk.</p>		
One-time Submissions Upon Admission		
<p>*Tetanus, Diphtheria, & Pertussis Proof of immunization within the last 10 years for all three (3) infections, Tetanus, Diphtheria, & Pertussis.</p>		
<p>Varicella Titer or Copy of immunization record verifying proof of two Varicella immunizations. Proof of two separate varicella immunizations or a positive IGG Varicella titer is required if there is no proof of two Varicella immunizations. If the varicella titer is negative, the student must provide proof of two separate vaccinations. Note: There is a waiting period of at least twenty-eight (28) days between the two injections.</p>		
<p>MMR (2) Proof of two MMR immunizations or proof of a positive titer for each of the following: measles, mumps and rubella. Note: There is a waiting period of at least twenty-eight (28) days between the two injections.</p>		
<p>Hepatitis B Immunization/Immunity Proof of Hepatitis B vaccine 3-dose series or 2-dose Heplisav-B series after 11/2017 for ages 18 and older; OR positive Hepatitis B surface antibody titer; OR HCC’s Hepatitis B Vaccine Declination Statement. Note: The declination statement form is located on page 9 of this packet and must be completed and uploaded if declining the vaccine or providing titer.</p>		
<p>Covid-19 Vaccination *Proof of updated Covid-19 vaccination or approved Covid-19 Vaccination Exemption Form.</p> <p>*Hinds Community College does NOT require Health Sciences students to be vaccinated against Covid-19; however, clinical agencies may require students to receive updated Covid-19 vaccination as required by the CDC. Please note that all clinical agencies may not accept unvaccinated students which may affect progression in the program if alternative placement is not available.</p> <p>Vaccinated students will upload proof of Covid-19 vaccination into the Clinical Records Repository and should include student’s name, date(s) administered, lot numbers, manufacturer, and who administered vaccine.</p> <p>Unvaccinated students are required to complete a Covid-19 Vaccination Exemption Form. Students should discuss the process with their program chair or director as soon as possible to begin the exemption process. The Covid-19 Exemption Form is located on Page 11 of this packet.</p> <p><i>This requirement is subject to change as clinical agency requirements change. Any modifications made to this requirement by clinical agencies, such as the requirement of a booster, or annual vaccine, etc., will be communicated to students in a timely manner.</i></p>		

****Continuing Health Sciences Students' Clinical Requirements****

Continuing Health Sciences students are required to complete the following **annually**, (due dates will be assigned by instructors). **Do NOT upload any of these that expire during the semester in which you are continuing. These must be done prior to the start of the semester.**

Students will NOT be allowed to participate in class, laboratory, or clinical until the annual requirements are completed:

1. An updated health history(Page 6)
2. A physical examination by a physician or certified nurse practitioner.....(Page 7)
3. Clinical Tests: A negative IGRA blood test (QuantiFeron Gold or T-Spot)
4. Flu vaccine annually in the fall semester (August 1- October 1). Students returning in the spring and summer semesters must show documentation of flu vaccine between August 1st – October 1st of the previous year and the beginning of the semester. However, a clinical agency may require an updated flu vaccine depending on date given the previous fall.
5. Continuing Health Sciences students are required to monitor clinical requirement due dates in the CRR. Failure to provided updated requirements in CRR may result in disruption of program progression.

Biennial (every 2 years) Requirements:

Continuing and/or repeating Health Sciences students are required to complete the following biennially or every 2 years. Students will not be allowed to participate in class, laboratory, or clinical until the biennial requirements are completed.

1. CPR (BLS Provider; HeartSaver is not acceptable) certification must be updated PRIOR to the start of the semester in which it expires, i.e., if CPR expires October, 2024, it must be updated prior to the start of the Fall 2024 semester.
2. Fingerprinting for Criminal Background Check must be completed PRIOR to the semester in which it expires, i.e., if Background check expires October, 2024, it must be updated prior to the start of the Fall 2024 semester. Students must make an appointment to have fingerprint done at the NAHC.

Facts to Remember about All Immunizations:

1. If a student is pregnant or breast feeding, or has allergies to immunizations (except for COVID-19 vaccine) may be deferred with written documentation from a physician.
2. The clinical agencies may reserve the right to deny the student clinical experiences based on their policies pertaining immunization requirements.
3. There is a waiting period of at least 28 days between the two Varicella injections. There must be at least 14 days between the last injection and the first clinical day.
4. Two MMR immunizations are required. There is a waiting period of at least 28 days between the two MMR injections, if two injections are needed. Most people have had at least two MMR injections after 12 months of age in order to attend secondary schools in Mississippi. The health department and/or personal healthcare provider may have records of past immunizations.

Health History

This page is to be completed by the student.

Name of Student: _____
(Print) Last Middle First

ID# _____ Date of Birth: _____

Phone: _____ Cell Phone: _____

Email: _____

Current Address: _____ City _____ State/Zip _____

Emergency Contact: _____ Phone: _____

1. Have you ever had or do you now have the following: Please check each applicable item and provide comments below about previous/current treatment.

- | | | |
|---|--|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Tooth or Gum Problems | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Digestive Disturbances |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Mumps or Measles | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Kidney or Bladder Problems |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Swollen/Painful Joints | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> History of Mental Disorders | <input type="checkbox"/> Menstrual Disorders | <input type="checkbox"/> Foot Problems |
| <input type="checkbox"/> Epilepsy / Seizure Disorders | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent Severe Headaches | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Speech Difficulties |
| <input type="checkbox"/> Eye Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hearing Difficulties |
| <input type="checkbox"/> Glasses/Contact Lenses | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Skin Disorders |
| <input type="checkbox"/> Ear/Nose/Throat Problems | <input type="checkbox"/> Excessive Bleeding | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Excessive Weight Loss |

Comments: _____

2. Allergies (food, medication, latex, etc.) _____
3. Current Medications: Name and Dosage (Attach a separate sheet listing all medications, if too many to list below)

4. Drug or Alcohol Rehabilitation: _____
5. Surgical Operations: _____
6. Accidents or Injuries: _____
7. Other Health Problems: _____

I certify that I have reviewed the information recorded and that it is true and complete to the best of my knowledge.

Date: _____ Signed: _____

Physical Exam Form

Student Name: _____ ID#: _____ Program: _____ Campus: _____

To be completed by a physician or other healthcare provider (NP, PA)

Vital Signs:			B/P _____	PR _____	Height _____	Weight _____
General Appearance	Neck / Head	Peripheral Vascular				
Eyes	Chest	Musculoskeletal				
Visual Acuity	Lungs	Neurological				
Ears	Heart	Skin				
Auditory Acuity	Abdomen					
Nose/Throat	Nutritional Status					

Current Medications and/or Treatment (Attach a separate list if too many to list below)

Remarks / Special Recommendations _____

Physician/NP/PA Signature (Please Print)

Name _____

Address _____

Phone Number _____

In your opinion, is there any health problem or prescribed medication which would interfere with this individual's ability to pursue a program of study that requires classroom and clinical experiences, including physical activity?
 ___ No ___ Yes (Explain)

Signature of Physician/NP/PA

Date

**Hinds Community College - Health Science
Programs Flu Vaccine Medical Exemption Form
(Revised October 2024)**

Type or print your full name, ID Number, and date the form was completed in the section below. Save the form after completion of all requirements. After the committee decision portion is completed and returned to you, please upload the completed form in the CRR under the flu vaccine requirement.

Student Name: _____

Student ID: _____

Date Form Completed: _____

Flu Vaccine Annually between September 1st & October 1st

Flu vaccines are required annually in the fall between September 1st and October 1st to provide coverage for the upcoming flu season. Students admitted or repeating a course in the spring/summer semester must show documentation of a current flu vaccine.

- Students have the right to request medical exemptions by submitting a Flu Vaccine Medical Exemption Form along with medical documentation to support the request to the program's clinical coordinator.
- All Flu Vaccine Medical Exemption Form submissions will be reviewed by the clinical health requirements committee or the clinical agency's review committee.
- Clinical agencies reserve the right to require students who have not had the flu vaccine to wear a mask during the entire clinical experience. A clinical agency may deny an exemption request, and an alternate clinical placement may not be available which may affect student progression in the program.

Attestation of Understanding:

Read each statement carefully and type or write your initials in the boxes before each statement to indicate an understanding of the potential consequences of receiving an exemption from the flu vaccine for medical reasons.

_____ I have reviewed the CDC's Worker Guidance Precautions for Healthcare workers during Flu Season (<https://www.osha.gov/seasonal-flu/healthcare-workers>) on how to mitigate the risk of contracting and/or spreading the flu in a healthcare environment.

_____ I understand that I **must provide medical documentation** to support this request to the program director and/or clinical coordinator by the designated due date.

_____ I understand that if I decline the flu vaccine clinical agencies may require me to wear a specific facemask anytime I am inside the agency. I also understand that I must provide the appropriate facemask at my own expense.

_____ I understand that clinical agencies may refuse eligibility for me to participate in clinicals if I decline the flu vaccine. **I understand that relocation to another agency is not guaranteed, and if unable to attend clinicals due to declining the flu vaccine, I will be withdrawn from the program.**

*****To be Completed by Clinical Records Committee*****

Clinical Records Committee Determination: Date _____

Approved by Committee (documents provided and meet standards for approval)

Denied by Committee (failed to provide documents or meet standards for approval) – **All denials will be reviewed by the appropriate Dean.**

Program Director/Clinical Coordinator Signature

Date

*Program Director/Clinical Coordinator to return the completed form to the student for upload to CRR

**Hinds Community College -Health Sciences Programs (Revised December 2024)
Hepatitis B Vaccination Declination Form**

Student Name: _____

Student ID: _____ **Date Form Completed:** _____

Read each statement carefully, and **type your initials** in the line provided before each statement below to indicate understanding of the statements and the potential consequences of declining to receive the Hepatitis B Vaccination series.

_____ I understand that learning activities required during laboratory and/or clinical training may expose me to blood, body fluids, or other potentially infectious materials, including Hepatitis B virus (HBV) infection.

_____ I understand that the Hepatitis B vaccination series reduces my risk of developing Hepatitis B virus if exposed to blood, body fluids, or other potentially infectious materials.

_____ I acknowledge I am declining the Hepatitis Series until I have provided documentation of a complete Hepatitis B series or a positive Hepatitis B titer.

You must type in your full name and date the form in the appropriate boxes below.

Student Signature

Date

Once you have initialed, signed, and dated this form, you may upload it to your CRR account.



THIS PAGE IS FOR INFORMATIONAL PURPOSES ONLY!!

Clinical Agency Requirement Statement Regarding Covid-19 Vaccination

In accordance with Mississippi law enacted during the 2022 Legislative Session (HB 1509), Hinds Community College Health Science Programs (Nursing and Allied Health) no longer require students to be vaccinated for COVID-19. Your clinical experience, however, may require COVID-19 vaccination. Clinical experiences are necessary and critical for all Health Science Program students to achieve their student learning outcomes and complete their degree requirements. Many clinical agencies require COVID-19 vaccinations for all students and faculty, notwithstanding the fact that Hinds Community College does not require COVID-19 vaccination. COVID-19 vaccination requirements may differ from one clinical facility to another and the requirements may evolve and change over time. Our research shows that, for the foreseeable future, COVID-19 vaccinations will continue to be required by most clinical agencies. Agencies that do not require proof of vaccination status may instead require frequent Covid-19 testing with proof of negative results at the expense of the student (home tests are not acceptable) in order to remain in the clinical setting.

The Health Science Program will endeavor to identify clinical sites conforming to students' vaccine status. However, the Health Science Program cannot guarantee the availability of clinical placements that do not require COVID-19 vaccinations. If you are unvaccinated, progression in your program may be affected resulting in your inability to complete your program.

Hinds Community College is contractually obligated to abide by the requirements of the agencies that provide your clinical experience. The clinical agency may deny a student from attending its facility if the student does not meet the clinical vaccination requirements. If a student is not allowed to attend clinical, the student will receive an absence and may not complete all course requirements. In the interest of encouraging all of our students to successfully complete all program requirements, students are strongly encouraged but not required to become vaccinated against COVID-19.

If you are not vaccinated against COVID-19 and do not intend to become vaccinated, you must complete the COVID-19 Vaccination Exemption Form on the next page and provide to your program's Clinical Coordinator for review by the Clinical Records Committee.

Hinds Community College Health Science Students **COVID-19 Vaccination Exemption Form**

If you are not vaccinated against COVID-19 and do not intend to become vaccinated, any individual in the Hinds Community College Health Science Programs (Nursing and Allied Health) who is subject to a requirement that he or she receive one or more COVID-19 vaccinations as a condition of participation in a clinical setting may claim an exemption for medical reasons, because the vaccination conflicts with sincerely held religious beliefs, or both. You may request either a medical or a religious exemption from the COVID-19 vaccination by completing this form and submitting the form to the **Program Clinical Coordinator** for review by the **Clinical Records Committee**.

To Be Completed by Student:

I am requesting an exemption from clinical providers' COVID-19 vaccine requirements for clinical placement for one of the following reasons (check all that apply):

- My healthcare provider has recommended to me that I refuse the COVID-19 vaccination based on my current health conditions and medications.
- I have previously suffered a severe allergic reaction (e.g. anaphylaxis) related to vaccinations in the past.
- I have previously suffered a severe allergic reaction related to receiving polyethylene glycol or products containing polyethylene glycol.
- I have previously suffered a severe allergic reaction related to receiving polysorbate or products containing polysorbate.
- I have received monoclonal antibodies or convalescent plasma as part of a COVID-19 treatment in the past 90 days.
- I have a bleeding disorder or am taking a blood thinner.
- I am severely immunocompromised such that receiving the COVID-19 vaccine creates a risk to my health.
- I have been diagnosed with COVID-19 in the past 12 months.

(NOTE: Healthcare provider signature required for any medical exemptions checked above)

- Receiving the COVID-19 vaccination conflicts with my sincerely held religious beliefs, practices, or observances. **(NOTE: Healthcare provider signature not required for religious exemptions)**

I hereby swear or affirm that the information in this request is true and accurate. I understand that providing false or misleading information is a violation of student conduct and grounds for discipline.

The Health Science Program will endeavor to identify clinical sites conforming to students' vaccine status. However, the Health Science Program cannot guarantee the availability of clinical placements that do not require COVID-19 vaccinations. If you are unvaccinated, progression in your program may be affected resulting in your inability to complete your program. Hinds Community College is contractually obligated to abide by the requirements of the agencies that provide your clinical experience. The clinical agency may deny a student from attending its facility if the student does not meet the clinical vaccination requirements. If a student is not allowed to attend clinical, the student will receive an absence and may not complete all course requirements.

Student's Printed Name	ID Number	Name of Health Care Provider (not required for religious exemptions)
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Student's Signature	Date	Signature of Provider (not required for religious exemptions)	Date
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*****Below section to be completed by Clinical Records Committee*****

Clinical Records Committee Determination: Date _____

Approved by Committee (documents provided and meet standards for approval)

Denied by Committee (failed to provide documents or meet standards for approval) – **All denials will be reviewed by the appropriate Dean.**

Program Director/Clinical Coordinator Signature	Date
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*Program Director/Clinical Coordinator to return the completed form to the student for upload to CRR

**The submission of this completed form creates a presumption that the student is entitled to the exemption.