

**\*\*\* Please check with the facility you will be doing your internship at to see which of these items you will need. \*\*\***

**\*\*\* If there is a contract with the facility you must meet all the requirements of the contract. \*\*\***

**EXSC CARDIAC REHABILITATION Pre-Internship Checklist**

NAME:	Date
<input type="checkbox"/> Immunization Records - 2 MMRs, Hep-B, Diphtheria, Tetanus, Pertussis, Chickenpox	
<input type="checkbox"/> Driver's License	
<input type="checkbox"/> *** Student Release Form***	
<input type="checkbox"/> Drug Screen Test	
<input type="checkbox"/> WA State Patrol Request for Criminal History/Results	
<input type="checkbox"/> Copy of HIPPA Certification	
<input type="checkbox"/> Copy of AHA HCP CPR Certification or ARC Professional Rescuer CPR Certification	
<input type="checkbox"/> Copy of Professional Liability Insurance Certificate	
Welcome Email	
Items Received Emails	
File Complete Email	
<b>FILE COMPLETE</b>	