

**\*\*\* 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 or have your employer supervisor send an email that waives additional items to ryanjo@cwu.edu \*\*\***

**PUBLIC HEALTH Pre-Internship Checklist**

NAME:	Date
<b>MANDATORY ITEMS:</b>	
<input type="checkbox"/> Copy of Driver's License	
<input type="checkbox"/> WSP Criminal Background Check/Watch Rpt	
<input type="checkbox"/> Proof of Auto Insurance	
<input type="checkbox"/> Proof of Personal Medical Insurance	
<input type="checkbox"/> Copy of Professional Liability Insurance Certificate(Strongly suggested)	
<input type="checkbox"/> **Student Release Form**	
<b>ADDITIONAL ITEMS:</b>	
<input type="checkbox"/> Two-Step TB Test Results	
<input type="checkbox"/> Drug Screen Test	
<input type="checkbox"/> Immunization Records Verifications (with records)	
<input type="checkbox"/> Copy of HIPPA Certification	
<input type="checkbox"/> Copy of Blood-Borne Pathogens/Infectious Disease Certification	
<input type="checkbox"/> Copy of AHA HCP CPR Certification or ARC Professional Rescuer CPR Certification	
Welcome Email	
Items Received Emails	
File Complete Email	
<b>FILE COMPLETE</b>	