

*** 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. ***

NUTRITION/Clinical/Dietetic Pre-Internship Checklist

NAME:	Date
<input type="checkbox"/> Immunization Records: 2 MMRs, Hep-B, Diptheria, Tetanus, Pertussis,(DPT), Chickenpox, Polio	
<input type="checkbox"/> Two-step TB Test	
<input type="checkbox"/> Copy of Drivier's License	
<input type="checkbox"/> Drug Screen Test (Urine 8 sub)	
<input type="checkbox"/> WA State Patrol Criminal History Results -WATCH	
<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	
<input type="checkbox"/> Food Handler's Permit	
<input type="checkbox"/> Proof of Auto Insurance	
<input type="checkbox"/> Proof of Personal Medical Insurance	
<input type="checkbox"/> ***Student Release Form***	
<input type="checkbox"/> Copy of Professional Liability Insurance Certificate	
Welcome Email	
Items Received Emails	
File Complete Email	
FILE COMPLETE	