Student Name: ____________________________

Date Turned In:

1. Placement of Clinical Agency
2. Clinical Agreement (turned in to IVC Nursing for signatures)
3. Workman’s Comp Copy (attached to agreement)
4. $13 Insurance Fee (payable to IVC Business Office) - will be collected on ______________________
5. Time sheet of Hours
6. Name Tag (with first name only - obtained at Phoenix Uniforms)
7. White Lab Coat (obtained at Phoenix Uniforms)
8. MA Patch (obtained at Phoenix Uniforms)
9. PPD Skin Test and/or Physical (provided through Student Health Center located in the Disabled Student Program area 355-6310)
10. Resume
11. CPR card