**Please complete and email this form in its entirety and attach items required (see list below) to** [**Nursing.Education@samc.com**](mailto:Nursing.Education@samc.com)

**Instructor Information**

|  |  |  |
| --- | --- | --- |
| **Last Name**: | **First Name**: | **Middle Initial**: |
| **Last 4 of SSN**: | **Phone Number**: | |
| **Email**: | | |

**School Information**

|  |  |
| --- | --- |
| **School**: | **Academic Year**: |
| **School Contact/Lead Instructor/Advisor**: | **Contact Email**: |

**Licensure Information**

|  |  |
| --- | --- |
| **RN License**: | **Expiration date**: |

**Copies of all proof of immunizations, background/drug screen, licenses, certificates are required for all new instructors as well as any time updates/renewals are completed.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N95**  **Fit Test Certificate**  **Provided**  Name of Mask Fitted for: | **Rubeola**  **+ Titer /**  **2 doses (dates)** | **Mumps**  **+ Titer /**  **2 doses**  **(dates)** | **Rubella**  **+Titer /**  **2 doses**  **(dates)** | **Varicella**  **+ Titer /**  **2 doses (dates)** | **Hep B**  **Titer / Series**  **(dates)** | **TDap**  **Vaccine**  **(date)** | **TB**  **Last date only** | **Flu**  **During Flu Season:**  **Oct – March** | **COVID -19**  **Vaccine**  **Or**  **Approved Exemption**  **Dates for Dose 1-2-3** | **CBC\*\***  **Drug Screen**  Dates Cleared | **BLS**  AHA  **Exp Date**  **Copy Required** |
|  |  |  |  |  |  |  |  |  |  |  |  |

\*\*CBC/Drug Screen: Required annually IF instructor has more than one semester break in a one year period.

Indicate ‘employee’ if current colleague