



CERTIFICATION CHECKLIST

Name _____

IMMUNIZATIONS: Include documentation or facility stamp for each immunization

	Date	Facility Stamp/Signature
<u>Varicella (chickenpox)</u> : documentation of 1 vaccine doses or proof of a titer. History of the disease does not meet this requirement.		
<u>Measles, Mumps & Rubella/Rubeola (MMR)</u> : proof of 2 vaccine doses		
<u>Tuberculosis</u> : annual screening for the past two years or proof of a PPD test done within the last year		
<u>Hepatitis B</u> : series of three vaccinations or signed waiver		
<u>DPT/Td (Tetanus/Pertusis/Diphtheria)</u> : series of 3 vaccine doses. One dose must be within the last 10 years.		
<u>Polio</u> : vaccine series of 3 doses		

CPR: Health Professional CPR certification for adult, child and infant from the AHA or Red Cross. It must include an in-person testing component. Send certificate to dpot@isu.edu

BACKGROUND CHECK: Complete and submit a criminal background check through: www.CastleBranch.com Please use package code id12. The cost is approximately \$50.

Conviction of a felony or other serious offense will likely result in denial of placement for the clinical assignment, and consequently affect your standing in the program. If you have any questions about whether your criminal history, if any, will prevent or restrict your ability to obtain a license in this field, you should discuss this with the appropriate licensing agency or board.

I understand that the above items must be received by the Department of Physical and Occupational Therapy by August 2020, or I will not be allowed to matriculate into the DPT Program.

NOTE: Other tests may be required dependent on fieldwork/clinical affiliation circumstances.

Student Signature _____

Approved _____ Date _____

