***(Note: Letter must be on school letterhead ; email completed letter in pdf format.)***

(Date)

Office of Student Affiliations

UMass Memorial Medical Center

Memorial Campus 2nd Floor

119 Belmont Street

Worcester, MA 01605

Dear Coordinator of Student Affiliations,

On behalf of the (Program) department at (School name), thank you for hosting (school name) (program) students this (blank) semester.

This certifies that per the terms of the agreement the following information has been obtained from each student and faculty (if applicable). Supporting documentation of the below is on file with the school. These documents will be retained for a period of at least ten years from the current date. If any such supporting document listed below is needed by UMMMC, please contact (\_\_\_\_\_\_\_\_\_) at (School name) and we shall provide the documents to UMMMC within 48 hours.

1. Current negative Tuberculin Skin Test and 2-step follow-up with annual update or negative chest x-ray and yearly review
2. MMR or titers verifying immunity
3. Hepatitis B vaccination and positive titer or evidence provided in writing or health documentation for each student as to receipt of the hepatitis B vaccine along with the numerical result of anti-hepatitis B testing. Students with an anti-hepatitis B level <10 will provide a letter from their PCP for review by the UMMMC employee health department as to ongoing assessment of their hepatitis B status.
4. Tetanus/Diphtheria vaccination within 10 years or Tdap
5. Varicella vaccination (2 doses) or evidence of positive titer
6. Annual seasonal Influenza vaccine
7. Current CPR for the Health Care Provider or Professional Rescuer certification
8. Copy of all Massachusetts License **(if applicable)**
9. **For Nursing Programs:** A completion of the Centralized Placement modules and Facility-specific orientation **(applies to all RN, CRNA, NP, LPN Students)**
10. The criminal background check (CORI) process has been completed on the participating students (and faculty, if any), and we have determined they are eligible to participate in clinical experiences.
11. Certificates of Liability in the amount of $1,000,000/$3,000,000 for each student (and faculty, if any) are in effect during the time period of the clinical experience.
12. Students have health insurance coverage as required by the agreement.

Enclosed is a list of participating students along with their assignment, clinical rotation dates, hours per week and faculty/supervisor/preceptors’ names, as well as a group access form (if applicable). I am also providing a completed registration form, ID/Parking form, signed confidentiality agreement, and signed Centralized Clinical Placement ticket (if applicable) for each participating student.

**For Non-Nursing Programs:** Once all paperwork is completed and received by UMass Memorial Medical Center, I understand students will be asked to complete the ***online*** UMass Memorial Medical Center’s Annual Required Module FY 2017 for their orientation. I understand that you will send an email link to them for access to this required module.

Again, thank you for providing these important learning opportunities to our students. We value our partnership with UMMMC and are looking forward to a great semester. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

(person name)

(Title)

(School Name)

(School Address & Phone number)

(email)