

Health Information Management Program

# PROFESSIONAL PRACTICE EXPERIENCE

# Site-Specific Requirements for Student Placement (Site Supervisor)

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| Student Name: |
| Site of PPE (Name and address of facility): |
| Site Manager:  Name:  Title/Department:  Email: Phone: |

Please indicate all student requirements for placement at the site by placing an X in the appropriate boxes below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Can the site provide? |
| Health Information | | | |
| Physical Exam, within the past three years |  |  |  |
| Hepatitis B Series |  |  |  |
| Tetanus, within the past five years |  |  |  |
| Two-step Purified Protein Derivative (PPD), within the past year |  |  |  |
| Influenza |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Can the site provide? |
| Other Requirements ( Documentation, Orientation, Training, etc.) | | | |
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| Signature of Internship Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |