

Central Venous Access Devices (CVAD) Workshop With 3 Days Shadowing & Observation Required Documents Checklist

Thank you for your interest in attending the Central Venous Access Devices (CVAD). To facilitate your approval and attendance, please submit the required documentation listed below to PICC Excellence within **21 days** of registration.

Approval from the hospital is **essential** before attending the workshop. Please be aware that failure to provide the necessary information within the specified time frame may result in rescheduling your training for a later date, regardless of your registration or payment status.

Name:	Date of Birth
Street Address:	City
Cell Phone:	State
Preferred Attendance Dates:	Zip
1)	2)
	<i>Only used for the purpose of this workshop</i>

Documents **Required** to be Submitted:

- ___ 1. **Valid New Jersey State license or Valid compact license.** (Visit Nurse.org to verify if your state is participating in the Nursing Licensure Compact)
- ___ 2. **5-Panel NIDA Drug Screening (Quest Diagnostics, Lab-Corp)**
- ___ 3. **Professional Liability Insurance** – this is an individual policy with limits, that must be 1 million each claim and 3 million annual aggregate (Visit NSO to get a quote)
- ___ 4. **Current Basic Life Support Card**
- ___ 5. **Proof of immunizations:** (Titers preferred)

- ___ **Measles** **Two (2) doses of measles**
- ___ **Mumps** **Two (2) doses of mumps**
- ___ **Rubella** **One (1) dose of rubella**
- ___ **Varicella (VZV)** **Two (2) varicella must be spaced at least four (4) weeks apart from each other, and the first one must have been given at 12-months of age or greater**
- ___ **Tdap** **Proof of one (1) vaccine within the previous ten (10) years**
- ___ **Tuberculin test** ***Either TST (skin test) or QuantiFERON Gold tested within 12 months of date of clinical experience. For a positive PPD, Chest X-ray is on file.***
- ___ **Hepatitis B** **Provide proof of one (1) positive Hepatitis B antibody by titer or signed Hepatitis B Waiver**
- ___ **COVID-19** ***Must provide proof of vaccination or medical exemption***
- ___ **Influenza Vaccination** ***Required October thru April or proof of medical exemption.***



Background screening checks by PICC Excellence, in accordance with Joint Commission Standards and Facility Policy compliance, make sure that learners pass a thorough background screening covering the following aspects:

5. ___

Social Security Address/Alias Trace
Office of Inspector General Search

National Sex Offender Search
Excluded Party List System Search

Proof of completion of online education in your field of study. You must complete the pre-requisites **14** days prior to your scheduled workshop. (The summary can be found in your online account)

___ Advanced ultrasound assessment

___ Applying device selection practices

___ ANTT: Key Concepts

___ CVAD Daily Assessment

6. ___

___ Introduction to Mid-Thigh Femoral Central Venous Catheters

7. ___

Assumption of Risk Student Acknowledgement

8. ___

HIPPA Confidentiality Statement (2 pages)

9. ___

SJH Code of Conduct

10. ___

EH N95 Fit Test Form

Kindly submit copies of each document in PDF format. You have the option to upload PDF copies of these required documents directly to your online PICC Excellence account. Alternatively, you may choose to email them to our office at information@piccexcellence.com or send hard copies via mail to our office address.

Please feel free to reach out to us anytime. Your questions and concerns are important to us. We're here as your dedicated resource, eager to provide you with information and assistance.

Lisa Siewert, Workshop Coordinator

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