**INSTRUCTIONS for Completing the REQUIRED INFORMATION FORM (RIF)**

**Please Note: It is agreed that copies of any of the required information will be kept in student file at school and will be made available to the healthcare facility on demand at any time requested during normal business hours. The RIF replaces the need to send actual copies of all requirements.**



**\*\*Please send form 6 weeks prior to placement, but no less than 4 weeks prior to clinical start date. \*\***

 **School Information:** include respective school information on the top section, and contact information for the school faculty member assigned to the student. If that is unknown when submitting, list a school contact.

 **Healthcare Organization Name / Location of Clinical:** Indicate where student will be located for the experience (example: ThedaCare Medical Center Appleton, 7th floor)

 **Healthcare Organization Preceptor Name:** List the healthcare facility provided name of who will be supporting the student when onsite.

 **Clinical Start Date and Clinical End Date:** Approved start/end date for clinical as approved by healthcare facility.

 **Total Number of Onsite Hours:** List # of hours approved within date range, per student.

 **Electronic Medical Record (EMR) Access:** If needed while onsite, list “Y” for yes, or “N” for no.

 **Month/Day of Birth (DOB)** (ex: 03/26):Required for computer access set up, birth year not necessary.

 **Location of clinical:** Unit/department where student will be doing clinical hours.

 **Student email (required):** List student school email address.

 **Phone Number:** A phone number is required in case a situation arises where contacting student directly is necessary.

 **Health Requirements:** Y=YES, means all health requirements as listed on the student page have beencompleted, and school has documentation of such within the school student record.

 **Influenza Requirement:** Y = YES, influenza vaccination has been verified and school has documentation of such. If student was provided an exemption by the healthcare facility, type of exemption needs to be listed here.

 **Background Checks** –**Y** = YES, means the all requirements as listed on the student page have been run and student is cleared by school, and school has documentation of such.

 **American Heart Association (AHA) CPR/BLS:** Indicating **Y** = YES, means CPR card is valid **throughout entire** clinical placement. MUST be AHA certified and school has documentation.

 **Forms A/B: Students are required to complete online orientation modules prior to clinical experience.** This annual requirement will be met by the students/faculty viewing the online modules, and completing the confidentiality agreement (Form A), and the general on-line orientation form (Form B). The student should send the signature page showing they met this requirement to school, and then form is added to the student file at school. Date form was signed is listed here. Note – actual date is required, not Y/N.

 **Form C** (Healthcare Facility Specific Orientation): Students are required to complete a healthcare facility online/site specific orientation annually for each organization. This most often happens 1st clinical day, so enter that date here. However, you must be sure that student sends Form C to school after rotation starts, in order to be added to school file.

 **Graduation date: In year, month format (ex: 2023-09)** Enter the anticipated graduation date.

 **Signature/date:** School representative signature and date - can be manual or electronic.

The school verifies that all students and faculty have met the requirements for placement in a healthcare facility and are in compliance with the contract/addendum related to the Caregiver Law and regulations as stipulated in Wis. Stats. HFS 12 and HFS 13, Wis. Admin. Code and associated DHFS rules and regulations. Students/faculty not in compliance will be reviewed with

Healthcare facility for final determination regarding clinical placement.

Updated March 2024