

UNIVERSITY OF RHODE ISLAND COLLEGE OF NURSING

Requirements for Graduate Students

NAME: _____

SS#: _____

Documentation:
(Do NOT write in this column)

1. ***RN Licensure:**

State: (required) Rhode Island # _____
(optional) _____ # _____
(optional) _____ # _____

2. **Malpractice Insurance:**

Company Name: _____ Policy #: _____

3. **Auto Insurance:**

Company Name: _____ Policy #: _____

4. **Certification:**

***CPR:**

NALS:

Date expires: _____ Date expires: _____

5. ***Medical Record:**

PPD: _____ (date) _____ (results) _____

Varicella
(Chicken Pox): _____ (disease) _____ (date)
_____ (titer) _____ (date) _____ (results) _____

Rubella: _____ (vaccine) _____ (date) _____ (results) _____
_____ (titer) _____ (date)

Hepatitis B: _____ (vaccine) _____ (date)

Measles: _____ (vaccine) _____ (date)
_____ (disease) _____ (date)

Polio: _____ (vaccine) _____ (date) _____ (type) _____

Tetanus: _____ (vaccine) _____ (date)

***Photocopy of documentation required.**

6. **OSHA requirements met:** _____ (date)

_____ (student signature) _____ (faculty signature)