

**Name:**

**Student ID:**

**Start Date**

**Clinical Student Required Documents Checklist**

* USMLE Step 1 Score report
* MD-6 Tuition payment receipt
* Immunization Records and Current Health Screening including **Screening for sexually transmitted infections.**
* HIPAA (Current/Active):(Please go to [www.compliancepublishing.com](http://www.compliancepublishing.com))
* Blood Borne Pathogens (Current/Active):(Please go to [www.compliancepublishing.com](http://www.compliancepublishing.com))
* Back ground check (Current/Active): (Please go to [www.goodhire.com/gh.aspx](https://www.goodhire.com/gh.aspx))

CPR/BLS Certificate (Current/Active)