

Student and Learner Placement Service Confirmation of Pre-Placement Requirements

Placing Agency (University/C	College/Employer):					
Program:	ogram: Stream (EG. Core, DE, AS):					
Program Start Date (Month/	Year):					
Anticipated Program Comple	etion (Month/Year):					
Form completed by (Name/	Γitle):					
Date:						
Exemptions: Nova Scotia Health Student a above listed discipline:	and Learner Placement S	ervice has excluded the following re	equirements for the			
☐ Tuberculosis testing	☐ Hepatitis B	☐ Vulnerable Sector Check	☐ Child Abuse Registry			

As per the signed Affiliation Agreement, this is to confirm that the Student(s)/Learner(s) listed below have provided the following (unless exempted by Nova Scotia Health as noted above):

- Proof of completing all required immunizations and tests as detailed in Appendix A Immunization and Infectious Disease Screening, unless exempted by Nova Scotia Health for the placement/program
- A clear or acceptable* Criminal Record Check (CRC) and Vulnerable Sector Check (VSC), completed on the
 date indicated. If applicable, it is recommended an original copy of the CRC/VSC is on file at the
 Student's/Learner's Placing Agency.
- A Child Abuse Registry Check (CAR), completed on the date indicated, and confirmation that Student / Learner is not included in the Child Abuse Register
- A complete Student/Learner Placement Agreement (PA)
- A complete Pledge of Confidentiality (PoC)

(Applicable Nova Scotia Health policies are available upon request)

Please retain table format as below. List names in <u>alphabetical order</u> by last name. Include the date of completion of CRC/VSC/Imm/PA/PoC/CAR. Insert rows as needed.

Last Name	First Name	Middle Initial	Clear/ Acceptable* CRC/VSC (YYYY/MM/DD)	Immunizations/ Screening Confirmed (YYYY/MM/DD)	Placement Agreement (YYYY/MM/DD)	Pledge of Confidentiality (YYYY/MM/DD)	Clear CAR (YYYY/MM/DD)

I confirm that all of the student documentation recorded above is on file at our Placing Agency and agree to provide it in part or whole to the Student and Learner Placement Service upon request or for audit purposes.

* IMPORTANT: If the CRC/VSC has any convictions noted, the Placing Agency must notify the Director of Academic and Community Partnerships via email at jackie.spiers@nshealth.ca. The results of the CRC/VSC will be evaluated by Nova Scotia Health. It is at the sole discretion of Nova Scotia Health if the student / learner is approved or declined for placement.

Last Revised: Feb 21st, 2024 Page **1** of **1**