

Please have your Clinical Program Director or designated individual print this form on your school/program's letterhead and complete. Completed forms can be emailed to brandi.pogue@christushealth.org. Thank you!

PROGRAM NAME & ADDRESS:

SUBJECT: Letter of Good Standing for _____
Full legal name

This letter is to certify that the person listed above is in good standing with our institution. They have met the following requirements as delineated in our Affiliation Agreement with CHRISTUS Santa Rosa Health System and/or CHRISTUS Children's.

- Successfully passed federal and state criminal background checks
- Maintains current CPR certification
- Completed HIPAA Privacy training
- Completed training in infection control practices, universal precautions, fire and safety
- And up to date with the following immunizations or have provided proof of immunity:
 - Tetanus-Diphtheria
 - Hepatitis B series
 - Measles, Mumps, & Rubella (MMR)
 - Varicella
 - Tuberculosis screening-annually
 - Influenza

Full name and department of Medical Staff Sponsor

Dates of observation (*not to exceed 30 days*)

**Clinical Program Director Signature,
or Designated Signatory**

Date

Printed Name and Title