CLINICAL PASSPORT UPDATE
2nd YEAR PTA STUDENTS FALL 2025

Please read all 7 pages carefully.   *Deadlines*

Step 1	**Medical Information – Check expiration dates on all medical info!** **Your TB skin test must be renewed annually. If yours has expired or will expire at the beginning of the semester, please have a new test done.** Submit date of test, result of test, signature of health care provider (HCP) at orientation. Chest x-ray is required if TB skin test is positive. If you have any other immunization records to submit or update, please bring them to orientation on 8/21/25.	**August 21**
Step 2	**Insurance Forms** Go to: HPSO.COM (1.800.982.9291) Click on Get a Quote, follow application guidelines. Make coverage effective first day of class. Bring a copy to class.	**Proof of coverage August 21**
Step 3	**CPR** – If your CPR has expired, submit a copy of your current CPR course completion card. (front and back). CPR certification **must** be **American Heart Association Healthcare Provider BLS**.	**August 21**
Step 4	**Health Insurance Consent Form** – Initial beside each statement, sign, and date. Submit copy of health insurance card if applicable.	**August 21**
Step 5	**The Flu shot** is required during the 3rd semester of the PTA Program. Do not get a flu shot until 10/1/25. Submit proof of the flu shot to DCE by 10/4/25.	**Submit by October 4**
Step 6	**Physical Therapist Assistant Program Consent Form**	**August 21**
Step 7	**Drug Screen** -Drug screens will be ordered through Truescreen. Instructions will be discussed during orientation on 8-21-25. Drugs screens must be completed by 9-4-25.	**Submit by September 4**
Step 8	**Criminal Background Check:** A Truescreen criminal background check is required for participation in most clinical experiences. Students will be required to submit a clear background check to requesting clinical facilities. **Instructions for ordering your background check will be provided to you at orientation 8/21/25 *DO NOT order criminal background check until after orientation.**	**Submit September 4**
Step 9	**MAKE A COPY OF ALL FORMS FOR YOUR FILES FOR FUTURE REFERENCE!** Once submitted, your files will ***NOT*** be returned to you. Professional development implies that **YOU** maintain your personal records of all forms.	**Make copies for yourself!**

Questions? Call 423-585-6968.

Criminal Background checks may be a requirement for training at some affiliated clinical sites. Based on the results of these checks, an affiliated clinical site may determine to not allow your presence at a facility. Additionally, a criminal background may preclude licensure or employment. If you are assigned to a clinical affiliate requiring a criminal background check, you will be required to provide the requested information. Acceptance of you as a student in the clinical facility will be at the clinical affiliate's discretion. As a student, you will be responsible for the cost of any required background checks. If a clinical affiliate denies your presence in the facility, you will not be able to complete the clinical/practicum and you will be withdrawn from the program. The specifications for the background check are at the discretion of the clinical affiliate. Should the affiliate not require a specific vendor for the check, the program director will provide a list of available vendors to purchase the required criminal background check. The exact amount may vary based on the affiliate specifications and individual student differences. As a student you will not be allowed access to a clinical facility for any student experience until the clinical facility has authorized your presence

Student Background Investigation and Drug Screen Instructions

Student Name (printed): _____

Student ID Number: _____

Student Signature: _____

Date: _____

By my signature above, I acknowledge that I have received and read the information provided regarding the background check and drug screen. I am aware that if I have questions about the material herein, it is my responsibility to seek assistance from any Physical Therapist Assistant Program faculty member or Program Director.

A background investigation and drug screen are requirements of the clinical agencies for your program of study. Failure to complete these requirements will prevent you from completing clinical rotations.

STEP 1: What to do if you need a Background Investigation?

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a background investigation.

Instructions:

1. Click the link or paste it into your browser: https://applicationstation.truescreen.com/.

2. If this is your first time using the Application Station site then please click "Sign Up" to create an account. Once your account has been created please click "Log In". If you already have an account then you can click "Log In" right away.

3. Enter your Username and Password.

4. Enter the Code: **WSCCPTA186-CBC** the Application Station Code field.

5. Follow the instructions on the Application Station web site to complete the application.

 Note – please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your background investigation report.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or itsupport@truescreen.com.

Background Investigations are completed, on average, within 3 to 5 business days. Once completed, you will receive an email from Truescreen, studentedition@truescreen.com. Follow the link in the email to access Application Station: Student Edition to view the report. To access the site use the same username and password created at the time you submitted your background check. Application Station includes instructions for disputing information included in the background check should you feel anything is incorrect.

The initial background investigation consists of the search components listed below. All records are searched by primary name and all AKAs, a student's primary address, and all addresses lived within the past seven years.

- Social Security Number Validation and Verification
- County Criminal Records Search – all counties of residence lived in the past 7 years
- National Sexual Offender Registry Search
- Professional Licensing
- SanctionsBase Search (includes TN Abuse Registry)
- OIG/SAM

The cost of the Background Investigation is $40.25. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

STEP 2: What to do if you need a Drug Screen?

Locate the email from studentedition@truescreen.com title "Application Station – Student Edition". The email will include step-by-step instructions (also listed immediately below) for accessing Application Station: Student Edition to pay for the drug screen as well as locate a collection site. Drug screen collection facilities are listed on the final page of Application Station: Student Edition.

If you are unable to locate the email, instructions are as follows.

Instructions:

1. Click the link or paste it into your browser: https://applicationstation.truescreen.com/.

2. If this is your first time using the Application Station site then please click "Sign Up" to create an account. Once your account has been created please click "Log In". If you already have an account then you can click "Log In" right away.

3. Enter your Username and Password.

4. Enter the Code: **WSCCPTA186-DS** the Application Station Code field.

5. Follow the instructions on the Application Station web site to complete the application.

Note – you can use the same username and password created for the background investigation. Please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your drug screen report.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or itsupport@truescreen.com.

If none of the collection sites listed are convenient (within 30 minute drive), please contact Truescreen's Occupational Health Screening Department (i.e. TriTrack and Scheduling Hotline) for assistance with locating an alternate location; phone number 800-803-7859.

If the initial drug screen is reported as positive/non-negative, you will receive a call from Truescreen's Medical Review Officer (MRO). The MRO will obtain medical proof as to why you test positive. If you are taking any form of prescription medicine, it is wise to proactively proof from your physician to be provided to the MRO when contacted. This will speed up the process of reporting drug test results.

All drug screens conducted for Walters State Community College are 15-panel and tests for:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine Metabolites
- Fentanyl
- Marijuana
- Meperidine
- Methadone
- Opiates

- Oxycodone
- Pentazocine
- Phencyclidine
- 6AM
- MDMA
- Buprenorphine

You will receive an email from Truescreen, studentedition@truescreen.com, once drug test results are available. Follow the link in the email to access Application Station: Student Edition to view the report.

The cost of the Drug Screen is $54.00. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

If the student receives a "REVIEW" (red X) or "FAIL" (solid red square) on either the background investigation or drug screen, the Physical Therapist Assistant Program Director will communicate this information to the Clinical Education Director at the respective clinical facility. The Clinical Education Director will then determine if the student can enter clinical rotations. The student is to schedule an appointment with the Clinical Education Director at the appropriate facility. During the scheduled appointment, the student applicant will provide the original background check documentation to the Director of Clinical Education for verification and review. The Director of Clinical Education will review the conviction record and determine "clearing/not clearing" of the student applicant based on approved criteria.

If permitted, an electronic copy of the background investigation can be forwarded to the Director of Clinical Education via Report Deliver Manager.

Report Delivery Manager

Report Delivery Manager (RDM) allows students to distribute an electronic copy of your background check and drug screen results to a third party for clinical rotations. RDM can be found in Application Station: Student Edition. Reports are available to students for 36 months. If reports are needed beyond 36 months, students must print a copy to be distributed as needed.

1. Click the link below or paste it into your browser: http://www.applicationstation.com
2. To access the Report Delivery Manager, choose the "If you are returning" option on the left side of the home page and click "Sign back in."
3. Enter the username and password created at the time of submitting your background investigation and/or drug screen.
4. Report Delivery Manager can be found at the bottom of the Welcome Back screen.
5. To authorize a new third party to view a background check, click "Create a New Delivery."
6. Read the "Important Notice", type your name and click "Agree."
7. Supply the third party's contact information: Last Name, First Name and Organization. Report Access Keys are generated, including an ApplicationStation Code and Access PIN.

Truescreen recommends that the student contact the third party and provide the ApplicationStation website address, code and PIN to their contact verbally. This method provides the highest level of security. However, the student can also authorize that an e-mail containing this information be sent to the contact at the clinical facility. If you wish to have an email containing the Access Keys to be sent directly to the clinical facility, follow steps 8 and 9.

8. To authorize an e-mail, locate "Other Delivery Options, Option 2" and click "here to send an email."
9. Provide and confirm the recipient's e-mail address, and then select either Option 1 or Option 2, which determines what information is sent to the recipient via e-mail.

The system provides confirmation that an e-mail has been sent, along with the ApplicationStation Code and Access PIN for future reference.

WALTERS STATE COMMUNITY COLLEGE
DIVISION OF HEALTH PROGRAMS
HEALTH INSURANCE CONSENT FORM

I,_____am enrolled in Health Programs at Walters State Community College (WSCC).

Place initials beside each section.

_____I.   Clinical Affiliates may require students carry health insurance. I must adhere to the requirements of the Clinical Affiliates I am assigned to as a Walters State Clinical Student.

_____II.   I must be able to show proof of personal health insurance coverage should a Clinical Affiliate request to see it.

_____III.   I am responsible for all costs incurred related to health insurance, health problems, or accidents that may occur while functioning in the role of a student.

_____IV.   If I cannot meet the requirements of Clinical Affiliates to participate in the clinical portion of the course(s) in which I am currently enrolled, I will not be able to continue in the course(s).

_____V.   I understand that should my insurance status change for any reason, I will notify the Health Programs Division immediately.

I hereby acknowledge by my signature below that I accept and understand the policies with which I must comply throughout my enrollment in WSCC Health Programs. I further acknowledge that I will comply with all policies outlined in this document and policies that are made known to me in other WSCC or clinical affiliate site documentation, including handbooks and syllabi. I acknowledge that I affirmatively agree to each of the provisions of this document as indicated by my initials beside each section of this Consent Form.

This in no way negates or limits policies and procedures in program specific material.

_____   _____
Student's Signature   Date

_____
Student's Name (Print)

Health Insurance Consent

WALTERS STATE COMMUNITY COLLEGE
Physical Therapist Assistant Program
CONSENT FORM

I,_____am enrolled in the Physical Therapist Assistant Program at Walters State Community College (WSCC). I acknowledge receipt and understanding of the Walters State Community College Student Physical Therapist Assistant Handbook. My signature indicates that I have read and understood this consent and release, and I have signed it voluntarily in consideration of enrollment in the Physical Therapist Assistant Program at Walters State Community College.

Place initials beside each section

I. _____ I have obtained a copy of the WSCC Physical Therapist Assistant Program Student and Clinical Education Handbooks and online catalog and agree to abide by the policies within. PTA Student and Clinical Education Handbook is available online on the PTA website. The Walters State Community College Catalog is available on the Walters State website.

II. _____ I hereby give permission for the WSCC Health Programs to release information regarding my malpractice insurance policy, CPR course completion, and the results of my criminal background, and drug screen information to the clinical agency where I am assigned.

III. _____ I hereby give permission for a copy of my current Health History and Physical, or other information to be submitted to clinical facilities or their designees. I understand this information will be released only by request of the clinical facility(s).

IV. _____ I hereby give my permission for any submitted course material is to be utilized by the faculty for curriculum evaluation and development. I understand that my name will not appear on the copy.

V. _____ I give my permission to WSCC to release personal identifiable information to the clinical facilities for the purpose of clinical education.

VI. _____ I have read the Standard Precautions Procedure located in the PTA Student Handbook. I agree by my signature to abide by the contents within.

VII. _____ I understand that WSCC strongly recommends every student to carry health insurance and that I am responsible for all costs incurred related to health problems or accidents should these occur while functioning in the role of a student.

VIII. _____ I hereby give my permission for the Walters State Community College Physical Therapist Assistant Program to use (and/or reproduce) my image (photograph, video, etc.) for educational purposes only. The images that I allow relate directly to activities of the PTA Program and will be used only to enhance my learning, the learning of other students, and assessment by faculty, curriculum evaluation/development, and publicity. These images will be retained by Walters State Community College.

I hereby acknowledge by my signature below that I accept and understand the policies with which I must comply throughout my enrollment in the WSCC Physical Therapist Assistant Program. I further acknowledge that I will comply with all policies outlined in this document and policies that are made known to me in other WSCC or clinical affiliate site documentation, including handbooks and syllabi. I acknowledge that I affirmatively agree to each of the provisions of this document as indicated by my initials beside each section of this Consent Form.

_____   _____
Student's Signature   Date

_____
Student's Name (Print)

Consent

WALTERS STATE
COMMUNITY COLLEGE

DIVISION OF HEALTH PROGRAMS

Flu Vaccination Form
PTA Program

Student Name
(print)_____

Date received: _____

Name of office/pharmacy/facility/clinic giving injection:

_____

Vaccination expiration date (date on vial): _____

Signature: _____

Student signature: _____

SUBMIT THIS FORM WHEN 2025 FLU SHOT RECEIVED