

Instructor Clearance Roster

(Must be submitted every 12 months before annual competency can be scheduled)

Please complete and email this form in its entirety and attach items required (see list below) to Nursing.Education@samc.com

Instructor Information

Last Name:	First Name:	Middle Initial:
Last 4 of SSN:	Phone Number:	
Email:		

School Information

School:	Academic Year:
School Contact/Lead Instructor/Advisor:	Contact Email:

Licensure Information

RN License:	Expiration date:
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Copies of all proof of immunizations, background/drug screen, licenses, certificates are required for all new instructors as well as any time updates/renewals are completed.

N95 Fit Test Certificate Provided Name of Mask Fitted for:	Rubeola + Titer / 2 doses (dates)	Mumps + Titer / 2 doses (dates)	Rubella +Titer / 2 doses (dates)	Varicella + Titer / 2 doses (dates)	Hep B Titer / Series (dates)	TDap Vaccine (date)	TB Last date only	Flu During Flu Season: Oct – March	CBC** Drug Screen Dates Cleared	BLS AHA Exp Date Copy Required

**CBC/Drug Screen: Required annually IF instructor has more than one semester break in a one-year period.

Indicate 'employee' if current colleague