

Professional Experience Program (PEP)
Program Requirements





(This form must be on file before the start of IPPE and APPE Assignments)

Date: _____

PASSED: IPPE I IPPE II IPPE III _____
PLACE OF EMPLOYMENT

- Tetanus Diphtheria –TD (*coverage 1yr. beyond anticipated graduation date*)
- Tb Skin Test – PPD (*to be updated between March 15th & April 1st of each year*)
- Confidentiality Statement
- Measles, Mumps, Rubella (MMR) X 2
- MMR Titer
- Hepatitis B I – *1st shot*
- Hepatitis B II – *2nd shot given 1 month after 1st shot*
- Hepatitis B III- *3rd shot given 6 months after 1st shot*
- Hep B Titer
- Physical Exam (*to be updated between March 15th & April 1st each yr; to include vision test*)
- Varicella Vaccine – 2 doses or Titer
- Drug Screening (*Mandatory & Randomly called by the PEP Office*)
- CPR Training Certificate
- Background Check
- Student Profile
- Copy of XUID Card
- Copy of Health Insurance Card
- Copy of Intern License
- Name Badge

By signing this form, I understand:

-  **Immunizations are required for participation in IPPE Program and APPE Rotations.**
-  **Immunization requirements are based on CDC guidelines and site mandates.**
-  **The documentation listed above must be submitted to the PEP Office before starting IPPE Program and APPE Rotations.**
-  **I cannot complete rotations at the company where I am employed.**

Print Name/XUID#

Signature