**Confirmation of Readiness for Clinical Work**

(*Date*)

Re: (*Student Name*)
Confirmation of Readiness for Clinical Work for Academic Year (*XXXX-XXXX*)

To whom it may concern,

This letter is to verify that (*Student Name*) is a student at (*School Name*) and is ready for clinical work. (*Student Name*) is expected to complete all required coursework for the (*Program Name*) in (*Graduation Year*). Since matriculation at this school, (*Student Name*) has:

* completed HIPAA training
* completed blood-borne pathogens training
* up-to-date immunizations
* received an influenza vaccine within the last 12 months
* received TB testing within the last 12 months
* completed a criminal background check
* passed a drug screening at this school
* current health insurance
* current medical professional liability insurance

If you require proof of any of these details, please contact (*Administrator’s Name*) at (*Administrator’s Email Address*) for further documentation.

Kind regards

(*Administrator Name*)
(*School mailing address*)