



Student Checklist

Student Name: _____

School/Program (Check one):

Campbell University School of Pharmacy

UNC School of Pharmacy

Other _____

Confidentiality Statement signed	
Criminal Background Check on file	Per School of Pharmacy (SOP) /info on file
Compliance Orientation completed (Compliance Self-Learning and Integrity in Action modules)	
Safety Training completed	
Current CPR certification	Date:
Immunizations current: varicella	On file at SOP per agreement
MMR	
TB	

Completed by: _____

Thank you,
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