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**Exception to Clinical Competency Request Checklist**

Completion of Exception to Clinical Competency Request Form.

Attached copy of your form that you will use to assess this skill on the students.

Attached letter from your clinical site(s) stating that this skill is not performed in their clinic and that students do not have opportun­­ity to perform this skill on patients at their facility.

Attached letter from the Program Director, Medical Advisor and all clinical affiiates.

**Program Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Director Signature** **Date**