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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**