CSUF | School of Nursing
COLLEGE OF HEALTH AND HUMAN DEVELOPMENT

Facility-Specific Documents Check-Off Sheet

FOR: Anaheim Regional Medical Center

Important Note: Carefully read and follow all steps listed below. Students are required to **print out** forms and then sign (in ink only) where indicated. **No typed-out signatures will be accepted**. Due to lengthy processing times, students must now **SCAN** all required pages into **one PDF document** (NO jpeg files and NO separate files please). *Helpful Hint:* If you have jpegs or image files, paste the images into a Word document and then click "save PDF." A variety of smartphone scanner apps are freely available to automatically convert images to PDFs (TinyScanner, Genius Scan, Fast Scanner, CamScanner, etc.)

Email your completed document packet (as 1 PDF), including this Check-Off sheet, to nursingdocs@fullerton.edu

Finally, **KEEP ALL OF YOUR ORIGINAL PRINTED DOCUMENTS**, as many facilities will collect these from you the first week.

Print this check-off sheet, sign, and date, and include with your PDF

Read and review the following:

- ☐ **AHMC Registry & Student Orientation Guidelines**
- ☐ **AHMC Student Orientation Post-Test**

Review, **PRINT**, sign, and submit the following to:

- ☐ **AHMC Statements of Responsibility and Orientation Acknowledgement** (1 page)
  (Please sign by hand in ink.) Your instructor will sign your form later on.
- ☐ **AHMC Statement of Confidentiality** (1 page)
  (Please sign by hand in ink.) Your instructor will sign your form later on.
- ☐ **AHMC Security Policy/Systems Access Request Form** (2 pages, read page 1 and only submit page 2.)
  (Please sign by hand in ink.) The CNO will sign your form later on.
- ☐ **AHMC Student Orientation Answer Sheet** (1 page)
  (Please complete by hand in ink.)

Include a copy of the following:

- ☐ **COVID-19 vaccination series and booster**
- ☐ **Flu Vaccine Record**
  This is required during the flu-season months only (**October through May**).
  FALL Semester Students: We will access your Flu Vaccine record in October through Castle Branch.
  SPRING Semester Students: Please include a copy of your Flu Vaccine record with your document packet.

I have reviewed all instructions and materials, as well as verified and completed all requirements listed above, that are specific by the facility I will by attending.

Name: _____

Signature: _____ Date: _____