

FOR: Children's Hospital of Los Angeles (CHLA)

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

PART ONE:

Review the following CHLA Policies:

- CHLA HIPAA
- CHLA Environment of Care for New Employees:
- CHLA Hospital Policy and Procedure Manual

Print, review, and submit the following CHLA Required Documents:

- CHLA Acknowledgement of Confidentiality Statement:** Sign and date by hand in ink.
- CHLA Environment of Care for Students:** Sign and date by hand in ink.
- CHLA Acknowledgement of Social Media Policy:** Sign and date by hand in ink.
Typed-out signatures will NOT be accepted

PART TWO:

Complete the HIPAA and PEDS Math tests. Tests are self-graded and must be completed with 100% accuracy (email nursingdocs@fullerton.edu if you are having difficulty accessing the links below).

- [HIPAA Test](#)
- [MATH Test](#)

Important: You do not need to submit proof of completion for both online tests. CHLA will track the completion of these requirements electronically.

PART THREE:

When submitting your facility-required documentation, please provide us with the information listed below in your email. We do not need physical documentation.

1. Emergency Contact Information
 - Contact Name
 - Relationship with student
 - Contact phone number

(Continue to the next page for further instructions)

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2. Automobile Information (provide information for the car you will be using).

- Car make and model
- Car year
- Car color
- License plate number

3. Are you a current/former CHLA employee, or volunteer, or have you ever been placed at CHLA in a previous rotation/preceptorship? (Yes/No)

PART FOUR:

Ensure that ALL of your CORE documents are uploaded and approved in your Castle Branch account.

Important: CHLA requires all students rotating through their facility must have all of their Castle Branch documents approved and cleared through the end of the semester, before the start of the first week of clinical. We will be submitting the CHLA Student Clearance Requirements on your behalf, which includes your Castle Branch information.

If one of your CORE documents will be expiring during the semester, please make the necessary arrangements to renew your documents ASAP. Failure to do so will cause a delay in the start of the clinical rotation.

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 be attending.

Name: _____

Signature: _____ Date: _____