

FOR: UCI Health- Fountain Valley

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:

- 2024 Orientation
- Student Nurse Co-Signing Process

Review, sign, and submit the following:

- UCI Confidentiality Agreement
- Security Form and Contract Personnel
- Information Privacy and Security Education Attestation
- COVID Attestation
- Orientation Information Acknowledgement Form
- Artificial Nails Policy

Along with the documents listed below, download from your Castle Branch account and include copies of the following in your packet:

- Measles, Mumps, and Rubella titer:** If negative, follow-up vaccines must be included
- Varicella titer:** If negative, follow-up vaccines must be included
- Hepatitis B titer:** If negative, follow-up vaccines must be included
- TB screening:** Must be current, within the past 12 months
- TDAP vaccination record**
- COVID vaccine with booster OR signed COVID declination form**
- 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 early 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 be attending.

Name: _____

Signature: _____ Date: _____