

Facility-Specific Documents Check-Off Sheet

FOR:	Kaiser Permanente – Orange County Sites (Anaheim & Irvine)
indicated. No ty PDF document (document and the	Carefully read and follow all steps listed below. Students are required to print out forms and then sign (in ink only) where ped-out signatures will be accepted . Due to lengthy processing times, students must now SCAN all required pages into one NO jpeg files and NO separate files please). <i>Helpful Hint:</i> If you have jpegs or image files, paste the images into a Word hen click "save PDF." A variety of smartphone scanner apps are freely available to automatically convert images to PDFs enius Scan, Fast Scanner, CamScanner, etc.)
Email your comp	pleted document packet (as 1 PDF), including this Check-Off sheet, to nursingdocs@fullerton.edu
Finally, KEEP ALI	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
signed the forn Chil Com Hea Con Drug Elde Hea	d Abuse Reporting Requirements Inpliance/HIPAA Security Program IthConnect Confidentiality and Non-Disclosure Agreement fidentiality Agreement g-Free Workplace - Employee Acknowledgement er and Dependent Adult Abuse Reporting Requirements Ith Screening Questionnaire uired Readings Attestation- Student Unpaid Field Experience and Training
☐ Kais	er Permanente OC Required Reading Attestation er Permanente OC - Badge Instructions Contact and Health Insurance
Provide us with	the following information below, we do not need documentation.
•	ency Contact Name (First and Last): Relationship: Phone Number: Insurance Company Name: Phone Number:
	(Continue to the next page for further instructions)

Attention students RETURNING to Kaiser Permanente: due to individual KP facility/site differences and the need for updated "effective dates" and trainings etc., <u>you are still required to complete all pages again</u>, even if you have completed the same exact forms mentioned above in a past semester, or are currently placed at a KP site. Please also ensure that your KP Learn training and certificates (mentioned on the next page) are up-to-date for the calendar year of your upcoming clinical rotation.



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Print this check-off sheet, sign, and date, and include	with your PDF	
KP Learn Module Instructions (separate deadline provided to complete trainings) If you are a current/previous Kaiser Permanente employee, volunteer, or have rotated t rotation and been issued an NUID, please provide your NUID Number: If you forgot your NUID, let us know as Kaiser will need to verify your personal information.		
All students placed at a Kaiser Permanente site will be issued an NUID number (sent to you via email by the Clinical Placement Team). Your NUID is similar to an SSN# as it is yours for life. You will use this same number again if you already have a KP-issued NUID. Once you receive confirmation from the Clinical Placement/Document Team via email that your NUID has been activated, you will be able to access the online KP Learn training to complete your required certificates for the current calendar year.		
You will receive a separate deadline for submitting your modules. You will submit the defollowed by the modules at a later date.	ocuments listed on page 1 first,	
I have reviewed all instructions and materials, as well as verified and completed all requ	irements listed above that are specific	
by the facility I will by attending.	mements listed above, that are specific	
Name:		
Signature: Date:		