FOR:　　　　　　**Orange Coast Memorial Medical Center (OCMMC)**

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 unless stated otherwise**. 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

OCMMC website:　https://www.memorialcare.org/services/nursing-services/nursing-students-and-non-nursing-students

1. **Read the following modules:**
   - ☐ Contract Service and Student General Orientation Information
   - ☐ Age-Specific Care Module
   - ☐ Safe Patient Handling

2. **Print, Complete, Sign**, **and Submit the following:** (please print your name at the top right corner of every page)
   - ☐ **Student/Contract Service Sign-Off**
     - ☐ Contact Service - Student Orientation (1 page)
     - ☐ Child Abuse Reporting (1 page)
     - ☐ Elder and Dependent Abuse Reporting (2 pages)
     - ☐ Domestic Violence/Spousal Abuse Reporting (2 pages)
     - ☐ Adult Abuse/Assault Reporting Statement (1 page)
     - ☐ Hazardous Material – Right to Know Acknowledgement (1 page)
     - ☐ HIPAA Security Quiz (2 pages)
     - ☐ Contract Service – Student Orientation Quiz (2 pages)
   - ☐ **Age-Specific Care Quiz** (3 pages)
   - ☐ **Safe Patient Handling Quiz** (2 pages)
   - ☐ **Add a copy of your CSUF School of Nursing student ID Badge to your packet**

3. **Complete the online Compliance and HIPAA Training**
   Students who already have an EPIC ID, please complete the trainings listed below. Students who do not have an EPIC ID, they will be provided closer to the start of the semester.
   - ☐ Compliance Training Module (read-only, 51 pages total)
   - ☐ Compliance Training Quiz (PRINT and complete, 3 pages)
   - ☐ HIPAA Video, PPT
   - ☐ HIPAA Quiz

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: _____