

FOR: UCI Health – Placentia Linda

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

1. Read and review the following:

☐ **UCI Health - PLH Orientation Booklet**

2. Print, sign, and submit the following in the order listed below:

☐ **Student General Orientation Test** (2 pages, **must be completed with 100% accuracy**)

☐ **Student Attestation Form** (1 page)

☐ **UCI Confidentiality Agreement** (2 pages)

☐ **Student Sponsor Form** (1 page)

☐ ****COVID-19 Declination** (only required if not providing vaccination record, **vaccine must be given on/after 8/22/24**. Previous vaccines will be not be accepted)

NOTE: PLH will only accept wet (handwritten) signatures. Digital signatures will not be accepted. You must print these documents, handwrite your signature/initials, and rescan them to submit via email.

3. Download from your [Castle Branch](#) account and include a current copy of each of the items listed below:

☐ **American Heart Association Healthcare Provider CPR/BLS card**

☐ **Background Check:** Download from your Castle Branch account

☐ **Drug Screen:** Download from your Castle Branch account. Please note PLH requires test results completed within the last 12 months. You may receive a second email to complete a new drug screen through Castle Branch.

☐ **Flu Vaccine Record:** Must include manufacturer and lot number

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.

☐ **MMR (Measles, Mumps, and Rubella) Positive (Immune) Titer:** If negative, follow-up vaccines must be included.

☐ **Varicella Positive (Immune) Titer:** If negative, follow-up vaccines must be included.

☐ **COVID-19 vaccination record (1 vaccine only):** Only vaccines dated **after 8/22/24** will be accepted, must include manufacturer and lot number. If not providing a vaccination record, the declination must be signed and submitted with your packet.

☐ **TB Clearance**

☐ **Tdap/TD**

☐ **Hepatitis B Positive (Immune) Titer:** If negative, follow-up vaccines must be included.

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: _____