

FOR: Pomona Valley Hospital Medical Center (PVHMC)

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

Print and complete the following document:

Pomona Valley Hospital Access Request Form

- Instructor Information: Leave those sections blank if your instructor information is unavailable.
- Office Telephone: (657) 278-3336
- Cellular Telephone: Use your personal number.

Only WET SIGNATURES will be accepted, do not type in your signature.

Submit both pages of the *PV Hospital System Access Request Form* (signed in ink) **in person to EC-190**. All highlighted areas must be completed.

As of November 1st, 2023, Pomona Valley is **recommending** all students receive the updated COVID-19 (2023-2024) formula. Students who opt out of the vaccine must complete the 2023-24 COVID Vaccine Declination and wear a face-mask while on-site. The form is available on the School of Nursing website, must be signed by hand and submitted along with the access request form in person.

NOTE: If you are placed at Pomona Valley for TWO clinical courses, then you will need to submit TWO separate sets of documentation. One set of documents for each 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: _____