Facility-Specific Documents Check-Off Sheet

For: San Bernardino County Department of Public Health (SBCDPH)  
For Community Health (N402L)

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.

Print this check-off sheet, sign & date, and include with your Documents

- Read through the following items:
  - Transportation of Protected Health Information Report
  - Print out the Acknowledgement Form on page 4 of report above. Complete, sign, and submit with your documents listed below.

- Print out/make photocopies (one-sided) of the following items:
  - You will need to bring hard copies of all the following items on your first day of clinical, and hand-in your paperwork directly to your clinical instructor.
  - No back-to-back copies will be accepted, only one-sided.
  - It is important to note that SBCDPH will not make copies for you! You must bring your own photocopies of all of the following items in order to be cleared for clinical during your orientation.

- Volunteer Services Program (VSP) read over all pages. You will need to PRINT out and complete the following pages from the VSP packet:
  - Volunteer Registration Form
  - Volunteer Agreement
  - Health Insurance Portability and Accountability Act (HIPAA)
  - Adult Abuse Reporting Law
  - Child Abuse Reporting Law
  - Student Intern Policy Acknowledgment Form
  - Driver’s License and Insurance VSP Form

- CA Driver’s License: (photocopy of your current license, it cannot be expired).
- CA Auto Insurance: (photocopy of your current auto insurance, it cannot be expired).
- CA RN License: (photocopy of your current RN License, it cannot be expired).

Students in this N402L section must be in enrolled into the RN-BSN program.

- Important note regarding the Mandatory Live Scan: All students are required to come in person to the School of Nursing main office in EC-190 to pick up your Live Scan Voucher. Due to strict policy per SBCDPH, these vouchers cannot be mailed and must be distributed in person.

  Please bring a valid, current form of ID when picking up your Live Scan voucher at the SON front desk.

  Please note that family members or friends will not be allowed to collect your voucher for you.

I have reviewed all instructions and materials, as well as verified and completed all requirements listed above, that are specified by the facility I will be attending.

Name (print): ____________________________________________________________
Signature: _______________________________________________________ Date Submitted: ________________

Last updated October 23, 2017