Facility-Specific Documents Check-Off Sheet

Saddleback Memorial Medical Center (SMMC)

For: __________________________________________________________________________________

Important Note: Carefully read over the information below. Once you have completed all of the steps, print this check-off sheet, sign & date, and email to nursingdocs@fullerton.edu with your facility required documents by the given deadline.

1. Read & Review the following:
   - SMMC EPIC Training Instructions for Student Nurses (1 pg)
   - Contact Staff and Student Hospital Orientation (31 pages) (SON website)
     Important!: This contains the password you will need to log-in to the EPIC training mentioned below.

2. Are you a current employee, previously been employed, or ever been placed at Saddleback in a previous rotation?
   Yes [ ]  No [ ]

   If yes, please provide your Memorial Care ID number: ________________

3. Read, Review, and Submit the following:
   - Hepatitis B CORE (HBCORE) antibody titer test
     NOTE: SON requires a HepB surface antibody test, this is a separate titer required by SMMC
   - Student Agreements (6 in total)
   - Orientation Acknowledgment Form
   - Saddleback EPIC and HIPAA Web-Based Training:
     Log-In through: https://apps.memorialcare.org/studentNursing/

     Please note that we will provide you with a Memorial Care ID to complete the training once the facility has generated it. Use the password provided in the EPIC training instructions provided above.

     Once you are able to log-in to EPIC, please complete the required training ("WBT for Nursing Students"). When you have completed your training, a certificate will be generated and sent electronically to the facility.

     RETURNING STUDENTS (please note) : If you have already completed the EPIC training modules, you are not required to complete them again. However, it is mandatory that you keep your HIPAA training up-to-date. So if you are beginning another semester at Saddleback, please log-in to your account and make sure to complete any new HIPAA module(s).

     Castle Branch:
     Please make sure that all of your SON Required Documents are up-to-date in your Castle Branch account at all times. Failure to do so could prevent you from participating in your clinical rotation or preceptorship.

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 4, 2021