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 by the given deadline.

1. Begin by visiting the Saddleback Memorial Medical Center Reference Site:


2. Read & Review the following:

   - SMMC Student Orientation Manual (14 pgs)
   - SMMC Safe Patient Handling Culture (1 pg)
   - SMMC EPIC Training Instructions for Student Nurses (1 pg)
     
      **Important!** This contains the password you will need to log-in to the EPIC training mentioned below.

3. Complete the following:

   - **Saddleback EPIC and HIPAA Web-Based Training:**
     Log-In through: [https://apps.memorialcare.org/studentNursing/](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.

4. **The only document you need to email back to the SON is this Check-Off Sheet (once above items are complete)**

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: _________________