

**FOR:** UCI Health - Los Alamitos

**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.** 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](mailto: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. Please read and review the following

➤ **Orientation Packet**

2. Submit the following:

- **Student Orientation Test and Orientation Verification Form**
- **UCI Confidentiality Form**
- **Student Sponsor Form**

3. Along with the documentation listed above, include the following in your packet. These documents can be downloaded from your Castle Branch account:

- **American Heart Association Healthcare Provider BLS/CPR**
- **Background Check**
- **Flu vaccination:** Must include manufacturer and lot number.
- **COVID vaccination series and booster**
- **MMR titers:** If negative/non-immune, include the two-dose vaccination series.
- **Varicella titer:** If negative/non-immune, include the two-dose vaccination series.
- **TB test:** Current, must be completed within past 12 months.
- **TDAP/Td vaccination record**
- **Hepatitis B titer:** If negative/non-immune, include the three-dose vaccination series.
- **SON Fit Testing record\*\*:** Students will undergo fit-testing by the School of Nursing once the semester officially begins. Further details will be provided by your clinical instructor. If you have been tested for a previous rotation or by an employer, please include a copy of your record in your packet

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: \_\_\_\_\_