## 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

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 General Orientation Test** (2 pages, **must be completed with 100% accuracy**)
   ➢ **Student Attestation** (1 page)
   ➢ **UCI Confidentiality Form** (2 pages)
   ➢ **Student Sponsor Form** (1 Page)
   **NOTE: Los Alamitos will only accept wet (handwritten) signatures. Digital signatures will not be accepted. You must print these documents, handwrite your signature/initials, and rescan them to submit via email.**

3. Download from your **Castle Branch** account and include a current copy of each of the items listed below:

   ➢ **American Heart Association Healthcare Provider BLS/CPR**
   ➢ **Background Check:** Download from your Castle Branch account
   ➢ **Drug Screen:** Download from your Castle Branch account. Please note LAMC requires test results completed within the last 12 months. You may receive a second email to complete a new drug screen through Castle Branch.
   ➢ **Flu vaccination:** Must include manufacturer and lot number.
   ➢ **COVID-19 vaccine:** Only vaccines **dated after 8/22/24** will be accepted. Please sign and include the UCI Health Declination of COVID-19 if you are declining the vaccine.
   ➢ **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**\*\*: Fit testing and masks will be provided by the School of Nursing. If you have been tested for a previous rotation or by an employer, include a copy of your record in your packet. If not, let us know via email when you submit your facility-required documents.

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 by attending.

Name: _____

Signature: _____ Date: _____