

Facility-Specific Documents Check-Off Sheet

For: Anaheim Regional Medical Center (AHMC)

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, you can paste the images into a *Word* document and then just click on "Save as a PDF".

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 & date, and include with your PDF

Begin by accessing all of the required forms from the AHMC website:

<http://www.anaheimregionalmc.com/Patients-Visitors-Contractors/For-Contractors.aspx>

Read & Review the following:

- AHMC Registry & Student Orientation Guidelines (89 pgs)
- AHMC Student Orientation Post Test (5 pgs)

Review, **PRINT**, Complete and **Sign** (then **scan & send**) the following to nursingdocs@fullerton.edu :

- AHMC Statements of Responsibility and Orientation Acknowledgement (1 pg)
(Please sign by hand in ink.) Your instructor will sign your form later on.
- AHMC Statement of Confidentiality (1 pg)
(Please sign by hand in ink.) Your instructor will sign your form later on.
- AHMC Security Policy/Systems Access Request Form (2pgs, read pg 1 and only submit pg 2.)
(Please sign by hand in ink.) The CNO will sign your form later on.
- AHMC Student Orientation Answer Sheet (1 pg)
(Please complete by hand in ink.)

Please make sure the following is up to date in your **Castle Branch** account:

- Flu Vaccine Record
This is required during the flu-season months only (**October through May**).
FALL semester students: We will access your Flu Vaccine record through Castle Branch in October.
SPRING semester students: Please include a copy of your Flu Vaccine record with your document packet.

Please complete the following form **AFTER** you have completed your clinical rotation:

- AHMC Student Evaluation (1 pg)
Your instructor will give you further instructions as to how and when to submit this form.

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: _____