



# Corona Regional Medical Center

## Faculty/Student Orientation Documents

### Directions:

- Please review attached documents.
- Sign and Date all forms
- Complete the “CRMC Education Partners – Faculty and Student Orientation” modules listed on the last page and print certificate of completion
- Ensure that you have reviewed all slides in the self-learning module.
- Submit completed documents and certificates to the faculty/clinical instructor for them to turn into the Education Department.



## Welcome to Corona Regional Medical Center

We are looking forward to partnering with you to provide you an excellent clinical experience at our facility. Our entire staff is committed to providing training for our students and partnering with them provide care for our patients. If you have any questions about the facility or clinical rotations, please do not hesitate to reach out.

A handwritten signature in black ink, appearing to read "Silvia Bolanos", with a large, stylized initial "S" and a long horizontal stroke extending to the right.

**Silvia Bolanos DNP, RN**

Director of Education

[silvia.bolanos@uhsinc.com](mailto:silvia.bolanos@uhsinc.com)

Office (951) 736-6216



## Faculty / Student Instructions

- 1) Faculty and Students must complete the online orientation module called “CRMC Education Partners – Faculty and Student Orientation”. This electronic module contains Faculty instructions, Student instructions, General and Clinical Orientation to the facility, required forms and other important information. Faculty and Students will be able to download required forms from this module and must print the certificate of completion once the module is completed. (Copies of forms have also been attached to this email)
  
- 2) **Faculty must turn in all completed packets to the Education Department.** Please call **Lizeth Salinas**, Education Program Coordinator, at (951)808-6730 or email [coronaeducationpartners@uhsinc.com](mailto:coronaeducationpartners@uhsinc.com) to set up an appointment. Walk ins cannot be accommodated. Paperwork must be received at least 2 weeks prior to the beginning of clinical placement for processing. If paperwork is not received by then, this could result in a delay in the beginning of rotation. For rotations **without faculty on site**, all paperwork can be turned in electronically.
  
- 3) Both Faculty and Students need to complete and turn in the following:
  - 1) The Immunization Acknowledgement form.
  - 2) The Confidentiality Agreement form.
  - 3) The Child Abuse Reporting form.
  - 4) The Dependent Adult Abuse Reporting Form.
  - 5) The Certificate of completion of the “CRMC Education Partners – Faculty and Student Orientation” module.
  
- 4) After receiving confirmation of clearance from the Education Department, **Faculty must call CRMC’s HR department to schedule an appointment to obtain student and faculty badges.** Students may not participate in clinicals until they have obtained their badges. Badges must be obtained before the first day of the clinical rotation. For rotations without faculty on site, the clinical affiliations team can make appointments for the students or coordinate with your department liaison for the student to obtain their badge on the first day of clinicals. HR can be reached at (951)736-6211. Do note that HR opens at 8am, so please plan accordingly.



## Faculty / Student Completion Checklist

- Complete the electronic general/clinical hospital onboarding module (use the link below) and print the certificate of completion
- Sign the immunization acknowledgement form
- Sign the Confidentiality Agreement form
- Sign the Dependent Adult Abuse Reporting Form
- Sign the Child Abuse Reporting form
  
- Students: Turn in the certificate of completion and the four forms to your instructor.
- Faculty: Contact the Education Department to turn in all paperwork **in person**.
- Faculty:** Make an appointment with HR to obtain student badges before the first day of clinicals.

### **General/Clinical Hospital Onboarding:**

CRMC Agency/Traveler Orientation (Faculty and Students)

<https://www.brainshark.com/uhsinc/CRMCEducationPartners>



## Immunization Acknowledgement Form

The following items are required for all clinical students at Corona Regional Medical Center. By signing this form, you are acknowledging that you have met all these requirements through your enrollment and attendance with your school. This form must be turned in with your Student Packet to the CRMC Education office.

- ✓ Biometric Physical Exam – to ensure physical capacity to perform clinical experience
- ✓ TB test - PPD (2 step) OR Chest X-ray
- ✓ Hepatitis B vaccine or signed declination
- ✓ Varicella and MMR positive titers
- ✓ T-Dap vaccine within the last 10 years
- ✓ Flu vaccine - During Flu Season only

\*If you have waived any of these items, you must furnish a copy of your declination to CRMC Education office.

I acknowledge that I meet all CRMC immunization and health requirements for the clinical experience.

---

Student printed name

---

Student Signed name

---

Date



## Confidentiality of Information Agreement

As a student, I recognize that I have access to confidential business information, personal information of employees and patient information, either personal, medical, or otherwise. I also am fully cognizant that I am strictly forbidden to discuss, transmit, or narrate such confidential information in any form, except in the routine conduct of my specified role at the hospital. I understand that I may be audited on my computer access on periodic basis to ensure compliance with this confidentiality statement.

Any violation of this professional statement of confidentiality constitutes a “just cause” for disciplinary action to include possible suspension of clinical rotation.

I acknowledge, understand, and agree to abide by the foregoing statement.

Signature \_\_\_\_\_

Name (Print) \_\_\_\_\_

Date \_\_\_\_\_



**DEPENDENT ADULT ABUSE REPORTING**

California Welfare and Institutions Code Section 15632 requires Corona Regional Medical Center to provide all “dependent adult care custodians” and “health practitioners” who are employees/students after January 1, 1986 (both continuing and new employees) with the following statement. The legal definition of “care custodian” includes all employees of a hospital. California law requires that this statement be signed by the employee as a prerequisite to employment and be retained by Corona Regional Medical Center. Section 1560 of the Welfare and Institutions Code requires any care custodian, health practitioner, or employee of an adult protective services agency or a local law enforcement agency who has knowledge of, or observes a dependent adult in his or her professional capacity or within the scope of his or her employment, who he or she knows has been the victim of physical abuse, or who has injuries under circumstance which are consistent with abuse, where the dependent adult’s statement indicates that abuse has occurred, to report the known or suspected instance of physical abuse to an adult protective services agency or a local law enforcement agency immediately, or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

“Care custodian” means an administrator or an employee of any of the following public or private facilities.

- |  |  |  |
|--|--|--|
| 1. Health Facility   | 11. Regional Center for persons with developmental disabilities. | 18. Skilled Nursing Facility   |
| 2. Clinic  | 12. Licensed Worker or Evaluator                                 | 19. Intermediate Care Facility   |
| 3. Home Health Agency  | 13. Public Assistance worker                                     | 20. Local Law Enforcement Agency   |
| 4. Educational Institution   | 14. Adult Protective Services Agency                             | 21. Any other person who provides goods or services necessary to avoid physical harm or mental suffering and who performs such duties. |
| 5. Sheltered Workshop  | 15. Patient’s Rights Advocate                                    |  |
| 6. Camp  | 16. Nursing Home   |  |
| 7. Respite Care Facility   | 17. Legal Guardian or Conservator                                |  |
| 8. Residential care institution, including foster homes and group homes. |  |  |
| 9. Community Care Facility   |  |  |
| 10. Adult Day Care Facility  |  |  |

“Health Practitioner” means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, marriage, family and child counselor, or other person who is currently licensed under Division 2 (commencing with Section 500) of the Business Professions Code, any emergency medical technician I or II, paramedic, a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, or a psychological assistant registered pursuant to Section 2193 of the Business and Professions Code, a marriage, family and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family and child counselor intern registered under Section 4980.44 of the Business and Professions Code, a state or county public health employee who treat a dependent adult for any condition, a coroner, or a religious practitioner who diagnosis, examines or treats dependent adult.

I certify that I have read and understand this statement and will comply with my obligations under the dependent adult abuse reporting law.

\_\_\_\_\_  
Name Date



**CHILD ABUSE REPORTING**

California Penal Code Section 111.66.5 requires Corona Regional Medical Center to provide all “child care custodians,” “medical practitioners,” and “non-medical practitioners” who commence employment on or after January 1, 19985 with the following statement. California law requires that this statement be signed by the employee as a prerequisite to employment and be retained by Corona Regional Medical Center.

Section 11166 of the penal Code requires any child care custodian, medical practitioner, non-medical care practitioner or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment who he or she suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Child care custodian means a teacher, administrative, officer, supervisor of child welfare and attendance, or certificated pupil, personnel employee of any public or private school; and administrator of a public or private day camp; a licensee, an administrator, or an employee of a community care facility licensed to care for children; head start teacher; a licensing worker or licensing evaluator; public assistance worker; employee of a child care institution, including , but not limited to, Foster parents, group home personnel and personnel of residential care facilities; a social worker or probation officer.

Medical practitioner means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern podiatrist, chiropractor, licensed nurse, dental hygienist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, and Emergency Medical Technician I or II, paramedic or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the health and Safety Code, or a physiological assistant registered pursuant to Section 2913 of the Business and Professions Code.

Non-medical Practitioner means a state or county public health employee who treats a minor for venereal disease or any other condition; a coroner; a paramedic; a marriage, family or child counselor or a religious practitioner who diagnoses, examines, or treats children.

I certify that I have read and understand this statement and will comply with my obligations under the child abuse reporting law.

---

Name \_\_\_\_\_ Date \_\_\_\_\_