CSUF | School of Nursing
COLLEGE OF HEALTH AND HUMAN DEVELOPMENT

Facility-Specific Documents Check-Off Sheet

FOR: Kaiser Permanente – Downey

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. Review and complete the *Student HR Forms* in the order listed below. When asked for the "Effective Date", use the date you signed the forms.

- ☐ **Child Abuse Reporting Requirements**
- ☐ **Confidentiality Agreement**
- ☐ **Drug-Free Workplace - Employee Acknowledgement**
- ☐ **Elder and Dependent Adult Abuse Reporting Requirements**
- ☐ **DMC Safety Attestation Form**
- ☐ **HealthConnect Confidentiality and Non-Disclosure Agreement**
- ☐ **Compliance/HIPAA Security Program**

Additionally, please include a copy of the following:

- ☐ **COVID-19 vaccination record and booster**
- ☐ **Drug Screen**
- ☐ **Background Check**
- ☐ **Current AHA BLS card**

2. Review and complete the *Health Status Information Form.* All sections must be completed, and you will also need to include a copy of your supporting health documentation. These are the titers and vaccinations you listed on the Health Status Information Form. NOTE: Rotation dates will be provided by the Clinical Placement/Document Team.

- ☐ **Health Status Information with supporting health documentation**

3. Emergency Contact and Health Insurance

Please provide us with the following information below, note we do not need documentation.

1. Emergency Contact
   - Name (First and Last): _____
   - Relationship: _____

(Continue to the next page for further instructions)

Attention students RETURNING to Kaiser Permanente: due to individual KP facility/site differences and the need for updated "effective dates" and trainings etc., **you are still required to complete all pages again**, even if you have completed the same exact forms mentioned above in a past semester, or are currently placed at a KP site. Please also ensure that your **KP Learn training and certificates** (mentioned on the next page) are up-to-date for the calendar year of your upcoming clinical rotation.

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- Phone Number: _____

2. Health Insurance
   - Company Name: _____
   - Phone Number: _____

KP Learn Module Instructions *(separate deadline provided to complete trainings)*

If you are a current/previous Kaiser Permanente employee, volunteer, or have rotated through a KP facility in a previous rotation and been issued an NUID, please provide your NUID Number: _____
If you forgot your NUID, let us know as Kaiser will need to verify your personal information in order to reactivate your NUID.

All students placed at a Kaiser Permanente site will be issued an **NUID** number (sent to you via email by the Clinical Placement Team). Your NUID is similar to an SSN# as it is yours for life. You will use this same number again if you already have a KP-issued NUID. Once you receive confirmation from the Clinical Placement/Document Team via email that your NUID has been activated, you will be able to access the online KP Learn training to complete your required certificates for the current calendar year.

You will receive a separate deadline for submitting your modules. You will submit the documents listed on page 1 first, followed by the modules at a later date.

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: _____