



## Kaiser Permanente OC sites (Anaheim & Irvine) - Rotation Students

Print out this check-off sheet, sign, date & submit with your documents.

**Important Note:** Carefully read and follow the steps listed below. **Scan and Email** all of your completed documents, including this check-off sheet, to [nursingdocs@fullerton.edu](mailto:nursingdocs@fullerton.edu). For facility-specific documents: *please submit in PDF format ONLY*. No jpeg files will be accepted. Due to lengthy processing times, it is required that you **scan ALL** of your completed KP documents into **ONE PDF file**, rather than submitting individual files. **KEEP ALL OF YOUR ORIGINALS** (for future use).

**Step 1.** Begin at the **KP Nursing Pathways** site:

[https://kpnursing.org/\\_SCAL/professionaldevelopment/orientation/index.html](https://kpnursing.org/_SCAL/professionaldevelopment/orientation/index.html)

### Step 2. Prerequisites for Kaiser Permanente Unpaid Field Experience and Training

Under “**Student Groups/Cohorts**”, please complete the following steps:


- Print, review, and complete all the forms under **1. Required Forms**. When asked for the “**Effective Date**” on your KP forms, use the date you signed the forms.  
Submit all the documents in the exact order indicated below:
  - Required Forms (first page of the packet)
  - Child Abuse Reporting Requirements (1 page)
  - Compliance/HIPPA Security Program (1 page)
  - Confidentiality and Non-Disclosure Agreement (1 page)
  - Confidentiality Agreement (3 pages)
  - Drug-Free Workplace Acknowledgement (2 pages)
  - Elder and Dependent Adults Requirements (1 page)

### Step 3. Medical Center-Specific Information

Under “Medical Center-Specific Information” click on **Orange County (Anaheim/Irvine)** under “Inpatient/Hospital”. Click on “Group/Cohort Students and School Faculty”.

Complete the following steps:

- Read and review the information under **2. Additional Required Reading**.
- Sign and complete all the forms under **3. Additional Required Modules, Forms, and Attestation**.  
*\*The Employee Student/Faculty Attestation form only applies if you are a current KP Employee\**

 Email your completed KP Core Document packet **PDF** to [nursingdocs@fullerton.edu](mailto:nursingdocs@fullerton.edu) as soon as possible, but no later than the deadline given to you by the Clinical Placement Team in your placement email.

**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** trainings and **Certificates** (mentioned on the next page) are up-to-date for the calendar year of your upcoming clinical rotation.





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### Step 4. KP Learn Modules

If you are a current/previous Kaiser Permanente employee, volunteer, or have rotated through a KP facility in a previous rotation and been issued a NUID, please provide your NUID number:

NUID : \_\_\_\_\_

*If you forgot your NUID, please let us know as Kaiser will need to verify your information in order to reactivate your NUID.*

All students placed at a Kaiser Permanente site will be issued a **NUID** number (sent to you via email by the SON). Your unique NUID is similar to an SSN# as it is yours for life. **If you already have a KP-issued NUID, you will use this same number again.** 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. Please note your NUID email will also contain a separate deadline for you to submit your certificates.

- Submit a copy of your KP Learn Transcript or individual KP Learn certificates as a single pdf file to [nursingdocs@fullerton.edu](mailto:nursingdocs@fullerton.edu) no later than the deadline given to you by the Clinical Placement/Document Team.

### Step 5. Emergency Contact and Health Insurance

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

- Emergency Contact
  - Name (first and last):
  - Relationship:
  - Phone Number:
- Health Insurance
  - Company Name:
  - Phone Number:

- For Nursing students enrolled in the **N406L Obstetrics** course/rotation **ONLY**:

We will fill out the Scrubex Access form for you, however

**please indicate (circle) the size you would like here:**      SML      MED      LRG      XL      2XL      3XL

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:** \_\_\_\_\_