

**IMPORTANT INSTRUCTIONS:** Submitting Documents for *Kaiser Permanente – Downey*

**CAREFULLY READ AND FOLLOW ALL STEPS LISTED BELOW.**

**1. Complete and Sign this Check-off Sheet:**

- You may sign the form either **physically (by hand) or digitally.**
- **Helpful Hint:** For digital signatures, use tools like Adobe Acrobat or your device's built-in signing features. Your campus login gets you desktop and mobile apps including [Adobe Creative Cloud](#).

**2. Review and complete the following (Use the date you signed the forms for "Effective Date"):**

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

**Additionally, please include a copy of the following** (you can download the following from DISA-CastleBranch):

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

**3. Review and complete the *Health Status Information Form*.** Complete all sections and include copies of your supporting health records (titers and vaccinations listed on the Health Status Information Form).

**IMPORTANT: Your TB test must remain valid for your rotation dates below—if it will expire, schedule a renewal immediately and include the updated documentation.**

- Health Status Information with supporting health documentation**

Fall 2026:


- N403L rotation dates: 9/24/26 – 12/10/26
- N405L rotation dates: 8/28/26 – 12/11/26

**4. Health Insurance Information**

- Health Insurance Company Name: \_\_\_\_\_
- Health Insurance Phone Number: \_\_\_\_\_

Continued **IMPORTANT INSTRUCTIONS:** Submitting Documents for *Kaiser Permanente – Downey*  
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**5. KP Learn Module Instructions (separate deadline provided to complete trainings, closer to the start of the semester)**

- If you are a current or former Kaiser Permanente (KP) employee, volunteer, or have previously rotated through a KP facility and were issued a NUID, **please provide your NUID number:**  
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*If you don't remember your NUID, let us know. Kaiser will verify your personal information to reactivate it.*
- All faculty instructing at KP site will be issued a NUID (sent via email by the Clinical Placement Team).
- This number is yours for life and will be used again if you already have one.
- Once you receive confirmation from the Clinical Placement/Document Team that your NUID is active, you'll be able to access **KP Learn** to complete your required annual training modules

**You will receive a separate deadline for module submission. Please submit the documents listed on page 1 first and submit the modules at a later date.**

**Returning Kaiser Permanente faculty must complete all pages again** due to site differences and updated effective dates/trainings, even if you've submitted these forms before or are currently at a KP site. Ensure your **KP Learn training and certificates** are current for the calendar year of your upcoming rotation.

**6. Scan Your Documents (if needed):**

- a. **SCAN** all required pages into one PDF document (NO JPEGs or separate files).
- b. **Helpful Hint:** If you have JPEGs or image files, paste them into a Word document and save as a PDF.
- c. Use free smartphone scanner apps (e.g., Apple Notes, Google Drive mobile app, Genius Scan, or Tiny Scanner) to convert images to PDFs when necessary.

**7. Submit Your Check-off Sheet:**

- a. **Email the completed PDF** (as 1 PDF File), including the Check-Off sheet, to [clinicalplacement@fullerton.edu](mailto:clinicalplacement@fullerton.edu)

**8. New instructors will need to coordinate and complete any additional tasks:**

- a. Contact Paolo Lim at KP Los Angeles [Paolo.Y.Lim@kp.org](mailto:Paolo.Y.Lim@kp.org) to coordinate any additional requirements.

I have reviewed all instructions and materials, verified them, and completed all facility-specific requirements listed above for the site I will be attending.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_