CSUF | School of Nursing
COLLEGE OF HEALTH AND HUMAN DEVELOPMENT

Faculty Facility-Specific Documents Check-Off Sheet

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: _____

(Continue to the next page for further instructions)

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

CAREFULLY READ AND FOLLOW ALL STEPS LISTED BELOW.

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 an NUID, **please provide your NUID number**: _____.
      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 an 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

8. **Contact KP Downey to coordinate potential additional tasks:**
    a. DMC-Students@kp.org
    b. Please cc clinicalplacement@fullerton.edu

I have reviewed all instructions and materials, verified them, and completed all facility-specific requirements listed above for the site where I will be instructing. I have introduced myself to the academic liaison to coordinate potential additional requirements.

Name: _____

Signature: _____ Date: _____