



UCI Health – Los Alamitos | Placentia Linda | Fountain Valley | Lakewood

## Student Sponsor Form

Return to Education Department

**\*\*\*Please type this information whenever possible.\*\*\***

All areas must be completed. This information is used to create your computer access.

Add user to eTenet     Remove user access    **Are you a current UCI employee? Yes or No**

<b>First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	
<b>Last four of SS Number</b>	
<b>Date of Birth (month and date only)</b>	
<b>Phone number</b>	
<b>Student's School Email Address</b>	
<b>School Name</b>	

Student Type:  ADN     BSN     MSN     PA/FNP     DO/Med    Other \_\_\_\_\_

<b>Facility</b>	UCI Health – Los Alamitos   Placentia Linda   Fountain Valley   Lakewood
<b>Department</b>	Education
<b>Tenet Leader Sponsoring Access</b>	Shanna Rushing
<b>Reason for Access</b>	Patient Chart Review for Student

**Security Statement**

Computer access privileges are granted to UCI Health students at the lowest possible level pursuant to the efficient performance of the student's duties and must be used only for UCI Health authorized business. Computer access devices, such as user identity codes and passwords, remain the property of UCI Health and are not to be divulged to any other person unless approved by Perot Systems Security. Unauthorized access to, use and possession of, removal of, and/or damage to company records is a breach of the UCI Health policy and may result in disciplinary and/or legal action. I agree to keep my access code confidential and to guard the confidentiality of all system information. As a UCI Health student, I share responsibility for the protection of UCI Health's information assets and will be held accountable for maintaining their integrity, confidentiality, and availability. Violation of this policy will be grounds for disciplinary action, up to and including termination. UCI Health reserves the right to pursue legal prosecution under local, state, and federal statutes. I have read and understood the content of the above Security Statement and agree to accept and abide by the policies stated herein.

**Student's Initial here → \_\_\_\_\_**

**For Facility Use Only:**

- Cover Letter (good standing) Med and PA students only
- Student test \_\_\_\_\_%
- Student Attestation form
- UCI Confidentiality Agreement
- Student sponsor form
- American Heart Association Healthcare Provider BLS \_\_\_\_\_
- Background check from within the last 12 months (must include social security, OIG/GSA, criminal, sex offender) \_\_\_\_\_
- Flu vaccination (required between 10/1 to 3/31) \_\_\_\_\_  
Inc. Manufacture name and lot # or UCI Declination form
- MMR (proof of vaccination or recent titer)
- Varicella (proof of vaccination or recent titer)
- Current TB test (PPD or QuantiFERON within the past 12 months) \_\_\_\_\_
- Td/Tdap/DTap (within the past 10 years) \_\_\_\_\_
- Hep B (proof of vaccination or Hep B Antibody Quantitative)
- Urine Drug Screen (within the past 12 months) \_\_\_\_\_
- Page 126 from "2025 Privacy & Security Training" packet

<b>Student's Signature</b> _____	Not a Digital Signature	<b>Date</b> _____
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