

For: Placentia Linda Hospital (PLH)

**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, you can paste the images into a *Word* document and then just click on "Save as a PDF".

Email your completed document packet (as 1 PDF), including this Check-Off sheet, to [nursingdocs@fullerton.edu](mailto: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 & date, and include with your PDF**

#1. Please read and review the following:

- PLH Orientation and Annual Review** (60 pg booklet)
- PLH eTenet Computer Access Instructions** (3 pgs)

#2. Please print out, complete, sign (by hand in ink), and submit the following to [nursingdocs@fullerton.edu](mailto:nursingdocs@fullerton.edu):

- PLH Contract Sponsor Form** (1 pg)
- PLH Tenet Health System**(2 pgs)
- PLH Orientation/Reorientation Verification Form** (1 pg)
- PLH General Orientation Test** (4 pgs)
- PLH Student Attestation** (1 page)

You should have a total of 9 pages in your document packet

#3. You must also download from your [Castle Branch](#) account and include a current copy of each of the items listed below with your PLH document packet:

- CPR Card**
- TB Clearance**
- Hepatitis B Positive (Immune) Titer** . If negative, follow-up vaccines must be included.
- Varicella Positive (Immune) Titer** . If negative, follow-up vaccines must be included.
- MMR (Measles, Mumps, and Rubella) Positive (Immune) Titers**. If negative, follow-up vaccines must be included.
- Background Check** (download from your Castle Branch account)
- Flu Vaccine Record**

This is required during the flu-season months only (**October through May**).

**FALL semester students:** We will access your Flu Vaccine record through Castle Branch in October.

**SPRING semester students:** Please include a copy of your Flu Vaccine record with your document packet.

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 Submitted: \_\_\_\_\_