



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**

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

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

Facility	UCI Health – Los Alamitos Placentia Linda Fountain Valley Lakewood
Department	Education
Tenet Leader Sponsoring Access	Shanna Rushing
Reason for Access	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
- COVID vaccination - given after 8/22/24 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 99 from "2024 Privacy & Security Training" packet

Student's Signature _____	Not a Digital Signature	Date _____
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