

Facility-Specific Documents Check-Off Sheet

For: _____

Pomona Valley Hospital (PV)

Important Note: Carefully read and follow all steps listed below.

Submit your facility-required documentation **in person** to the School of Nursing front office (EC-190) no later than the date given to you by the Clinical Placement Team. **We will not accept documentation via email.**

Print and complete the following required documentation:

1. Pomona Valley Hospital System Access Request Form

Complete and submit both pages of the *PV Hospital System Access Request Form*. All highlighted areas must be completed. Only wet signatures, do not type in your signature. If your instructor information is not available, leave those sections blank. For Office Telephone, use (657) 278-336. For Cellular Telephone, please use your personal cell phone number.

NOTE: If you are placed at Pomona Valley for two clinical courses, you will need to submit 2 separate sets of documentation.

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 : _____