

For:  **Riverside County Department of Public Health (RCDPH)** For Community Health (N402L)

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 scan all required pages into **one PDF document** (NO jpeg files and NO separate files please). *Helpful Hint:* A variety of smartphone scanner apps are freely available to automatically convert images to PDFs (TinyScanner, Genius Scan, Fast Scanner, CamScanner, etc.)

Email your completed document packet (as 1 PDF), including this Check-Off sheet, to 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

Begin at the Riverside County DPH Intern (Student) website:

<http://rivcooutreach.org/Internship-Program/About-Internship-Program>

- Read through the **Intern Handbook** (16 pages)
- Print out and complete (by hand in ink) the **Student Intern Application** (2 pages)

Informational links:

- Student Intern Application | Word File
- Intern Handbook | Word File
- Internship Hours Report | Word File
- Evaluation | Word File
- Current School Contracts | PDF

In addition to the Student Intern application, you will need to download and include the medical records listed below from your [Castle Branch](#) account. Please submit all documents together as one complete packet (PDF).

- 1. TB Clearance:** submit one of the following three options listed below:
 - PPD Skin Test (completed on/or after October 24, 2019)
 - Chest X-ray (completed on/or after July 26, 2019)
 - Quantiferon blood test (completed on/or after October 24, 2019)
- 2. Measles record:** include Positive Titer, **or** if negative Titer, include 2 follow-up MMR boosters.
- 3. Mumps record:** include Positive Titer, **or** if negative Titer, include 2 follow-up MMR boosters.
- 4. Rubella record:** include Positive Titer, **or** if negative Titer, include 2 follow-up MMR boosters.
- 5. Hepatitis B record:** include Positive Titer, **or** if negative Titer, include **3** follow-up **Hep B** boosters.
- 6. Varicella record:** include Positive Titer, **or** if negative Titer, include 2 follow-up VZV (Varicella) boosters.
- 7. Flu Vaccine Record:** This is only required during the Flu season (October through May).

Submit your Intern Application and all medical records listed above (in one PDF file) to nursingdocs@fullerton.edu by the due date listed in your placement email.

Important note: **Auto Insurance and a CA Driver's License** are required by Riverside County DPH. On the first day of clinical (at orientation) **you must bring proof that your CA driver's license AND your auto insurance are both current at the start and throughout the entire semester** you are taking N402L. If your insurance expires during this time, please bring a letter from your agent/provider of renewal. If you are in the process of renewing your DL, bring a copy of your temporary license from the DMV.

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: _____