

For: **San Bernardino County Department of Public Health (SBCDPH)** 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.**

Print this check-off sheet, sign & date, and include with your Documents

- Read through the following items:
 - Transportation of Protected Health Information Report**
 - Print out the Acknowledgement Form** on page 4 of report above. Complete, sign, and submit with your documents listed below.

- Print out/make photocopies (one-sided)** of the following items:
 - ✓ You will need to bring hard copies of all the following items on your first day of clinical, and hand-in your paperwork directly to your **clinical instructor**.
 - ✓ **No back-to-back copies will be accepted, only one-sided.**
 - ✓ It is important to note that SBCDPH will **not** make copies for you! You must bring your own photocopies of all of the following items in order to be cleared for clinical during your orientation.

- Volunteer Services Program (VSP)** read over all pages. You will need to PRINT out and complete the following pages from the VSP packet:
 - Volunteer Registration Form*
 - Volunteer Agreement*
 - Health Insurance Portability and Accountability Act (HIPAA)*
 - Adult Abuse Reporting Law*
 - Child Abuse Reporting Law*
 - Student Intern Policy Acknowledgment Form*
 - Driver's License and Insurance VSP Form*

- CA Driver's License:** (photocopy of your current license, it cannot be expired).
- CA Auto Insurance:** (photocopy of your current auto insurance, it cannot be expired).
- CA RN License:** (photocopy of your current RN License, it cannot be expired).
 Students in this N402L section must be in enrolled into the RN-BSN program.

Important note regarding the Mandatory Live Scan: All students are required to come in person to the School of Nursing main office in **EC-190** to pick up your Live Scan Voucher. Due to strict policy per SBCDPH, these vouchers cannot be mailed and must be distributed in person.

Please bring a valid, current form of ID when picking up your Live Scan voucher at the SON front desk.

❖ **Please note** that family members or friends will not be allowed to collect your voucher for you.

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: _____