

**IMPORTANT INSTRUCTIONS:** Submitting Documents for *Saddleback Memorial Medical Center*  
**CAREFULLY READ AND FOLLOW ALL STEPS LISTED BELOW.**

**1. Complete and Sign this Check-off Sheet:**

- You may sign the form either **physically (by hand) or digitally.**
- **Helpful Hint:** For digital signatures, use tools like Adobe Acrobat or your device's built-in signing features. Your campus login gets you desktop and mobile apps including [Adobe Creative Cloud](#).

**2. Review the following:**

- SMMC EPIC Training Instructions for Student Nurses
- Staff and Student Hospital Orientation

**3. Review, sign, and submit the following:**

- Student Agreements (6 total, include all pages)
- Orientation Acknowledgement Form
- Hepatitis B CORE (HBCORE) Antibody Titer Test

**NOTE: We require a Hep B surface antibody titer when you first enter the program, which is different from the SMMC-required titer. The Hep B CORE antibody titer is available at the CSUF Student Health Center. If your appointment is after the submission deadline, provide the appointment date and notify the Clinical Placement/Document Team when submitting your documents. Submit your results before the first day of your clinical rotation.**

**4. Are you a current employee, have previously been employed, or have you ever been placed at a Memorial Care facility in a previous rotation?**

- No
- Yes. If yes, provide your MemorialCare ID Number: \_\_\_\_\_

**5. Scan Your Documents (if needed):**

- **SCAN** all required pages into one PDF document (NO JPEGs or separate files).
- **Helpful Hint:** If you have JPEGs or image files, paste them into a Word document and save as a PDF.
- Use free smartphone scanner apps (e.g., Apple Notes, Google Drive mobile app, Genius Scan, or Tiny Scanner) to convert images to PDFs when necessary.

**6. Submit Your Packet:**

- **Email the completed PDF** (as 1 PDF File), including the Check-Off sheet, to [nursingdocs@fullerton.edu](mailto:nursingdocs@fullerton.edu)

I have reviewed all instructions and materials, verified them, and completed all facility-specific requirements listed above for the site I will be attending.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_