

FOR: UCI Health - Los Alamitos

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 now **SCAN** all required pages into **one PDF document** (NO jpeg files and NO separate files please). *Helpful Hint:* If you have jpegs or image files, paste the images into a Word document and then click "save PDF." 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 file

1. Read and review the following:

- **Orientation Packet**
- **2025 Privacy and Security Training: Federal & State Healthcare Privacy Laws**

2. Print, sign, and submit the following:

- **Student General Orientation Test** (2 pages, **must be completed with 100% accuracy**)
- **Student Attestation Form** (1 page)
- **UCI Confidentiality Form** (2 pages)
- **Student Sponsor Form** (1 Page)
- **Acknowledgement of UCI Health Privacy and Security Training**

NOTE: Los Alamitos will only accept wet (handwritten) signatures. Digital signatures will not be accepted. You must print these documents, handwrite your signature/initials, and rescan them to submit via email.

3. Download from your [Castle Branch](#) account and include a current copy of each of the items listed below:

- **American Heart Association Healthcare Provider BLS/CPR**
- **Background Check:** Download from your Castle Branch account. Results must be completed within the last 12 months. You will receive a second email to complete a new drug screen through Castle Branch if needed.
- **Drug Screen:** Download from your Castle Branch account. Results must be completed within the last 12 months. You will receive a second email to complete a new drug screen through Castle Branch if needed.
- **Flu vaccination:** Must include manufacturer and lot number.
- **MMR titers:** If your results were negative (non-immune), submit the two-dose vaccination series instead.
- **Varicella titer:** If your results were negative (non-immune), submit the two-dose vaccination series instead.
- **TB test:** Current, must have been completed within the past 12 months.
- **TDAP/Td vaccination record**
- **Hepatitis B titer:** If your results were negative (non-immune), submit the three-dose vaccination series instead.

I have reviewed all instructions and materials, as well as verified and completed all requirements listed above, that are specific by the facility I will be attending.

Name: _____

Signature: _____ Date: _____