



UCI Health – Los Alamitos | Placentia Linda | Fountain Valley | Lakewood

## Sponsor Form

Return to Education Department

**\*\*\*Please type this information whenever possible.\*\*\***

*All areas must be completed. This information is used to create your computer access.*

**Are you a current UCI employee? Yes or No**

<b>First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	
<b>Full SS Number</b>	
<b>Full Date of Birth (mm/dd/yyyy)</b>	
<b>Phone number</b>	
<b>School Email Address</b>	
<b>School Name</b>	
Access Type: <input type="checkbox"/> ADN <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> PA/FNP <input type="checkbox"/> DO/Med Other _____	
<b>Facility</b>	UCI Health – Los Alamitos   Placentia Linda   Fountain Valley   Lakewood
<b>Department</b>	Education
<b>Leader Sponsoring Access</b>	Shanna Rushing
<b>Reason for Access</b>	Patient Chart Review
<p><b><u>Security Statement</u></b></p> <p>Computer access privileges are granted by UCI Health at the lowest possible level pursuant to the efficient performance of the approved duties and must be used only for UCI Health authorized business. Computer access devices, such as user identity codes and passwords, remain the property of UCI Health and are not to be divulged to any other person unless approved by Perot Systems Security. Unauthorized access to, use and possession of, removal of, and/or damage to company records is a breach of the UCI Health policy and may result in disciplinary and/or legal action. I agree to keep my access code confidential and to guard the confidentiality of all system information. I share responsibility for the protection of UCI Health's information assets and will be held accountable for maintaining their integrity, confidentiality, and availability. Violation of this policy will be grounds for disciplinary action, up to and including termination. UCI Health reserves the right to pursue legal prosecution under local, state, and federal statutes. I have read and understood the content of the above Security Statement and agree to accept and abide by the policies stated herein. <b>Initial here -&gt;</b> _____</p>	
<p><b>For Facility Use Only:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cover Letter (good standing) Med and PA students only</li> <li><input type="checkbox"/> Packet Comprehension Test _____%</li> <li><input type="checkbox"/> Attestation Form</li> <li><input type="checkbox"/> UCI Confidentiality Agreement</li> <li><input type="checkbox"/> Sponsor form</li> <li><input type="checkbox"/> AHA Healthcare Provider BLS _____</li> <li><input type="checkbox"/> Background check from w/i last 12 months (<u>inc</u> social security, OIG/GSA, criminal, sex offender) _____</li> <li><input type="checkbox"/> Flu vaccination (required between 10/1 to 3/31) Inc. Mfr. name and lot # or UCI Declination form _____</li> <li><input type="checkbox"/> MMR (proof of vaccination or recent titer)</li> <li><input type="checkbox"/> Varicella (proof of vaccination or recent titer)</li> <li><input type="checkbox"/> TB test (PPD or QuantiFERON w/i past 12 mo) _____</li> <li><input type="checkbox"/> Td/Tdap/DTap (within the past 10 years) _____</li> <li><input type="checkbox"/> Hep B (proof of vaccination or Hep B Antibody Quantitative)</li> <li><input type="checkbox"/> Urine Drug Screen (within the past 12 months)</li> <li><input type="checkbox"/> Page 126 from "2025 Privacy &amp; Security Training" packet</li> <li><input type="checkbox"/> <b>Instructor:</b> Nova Video Training &amp; Competency</li> <li><input type="checkbox"/> <b>Instructor:</b> Clinical Instructor Standards</li> <li><input type="checkbox"/> <b>Instructor:</b> Med Admin &amp; Valid Med Students form</li> <li><input type="checkbox"/> <b>Instructor:</b> Copy of current RN license _____</li> </ul>	
Signature _____	Date _____
Not a Digital Signature	