STUDENT / INSTRUCTOR PACKET CHECKLIST

Name:	

PLEASE KEEP IN THIS ORDER. ALL FIELDS ON FORMS SHOULD BE COMPLETELY FILLED. FOR EFFECTIVE DATE, USE THE DATE THAT THE FORMS WERE SIGNED.
Facility or Location on forms is Kaiser South Bay. Please include department(s) where designated. All forms / documents should be clear. All forms are to be signed with actual signature or please use a handwritten font. Please submit paperwork once all boxes have been checked off.

Please √	DESCRIPTION	COMMENTS
	Background Check (approx 4-5 pages) – do not include all the instructions *(Not Req'd for Kaiser Permanente employees)*	Keep in order Page 1, 2, 3, 4, etc.
	Drug Screen (approx 1-2 pages) – do not include all the instructions *(Not Req'd for Kaiser Permanente employees)*	Ensure that all drug elements are included (see attachment).
	Seasonal Flu Vaccination Requirement 1. Please submit the current seasonal formulation, 2025-2026 - now available. 2. If your student or faculty decline to get the Flu vaccine, the school must provide a letter of declination, on official school letterhead, that the school is allowing the student and/or faculty to decline the vaccine.	
	BLS (both sides) – must be valid through the completion of the term/preceptorship. **If BLS will expire prior to end of term, please renew before review of student packet.**	BLS card must be valid through end of term. Ie. Clinical rotation ends on 4/15/26. The card should expire on 4/30/26 or after.
	LA Fire – must be valid through the completion of the term/preceptorship. **If LA Fire card will expire prior to end of term, please renew before review of student packet.**	LA Fire card must be valid through end of term. Ie. Clinical rotation ends on 4/15/26. The card should expire on 4/30/26 or after.
	RN License (For Instructors only)	
	Required Forms (Table of Contents)	For clinical rotations do not check off the School Affiliate Preceptor/Student Role Agreement. Please note the student/instructor will now complete the KP Learn module "Student Unpaid Field Experience and Training in SCAL 2024". Please do not check off Required Readings Attestation" or you may write "N/A'.
	Child Abuse Reporting Requirements (Form 2860)	
	Compliance/HIPAA Security Program	Please ensure to include instructor information.
	Confidentiality and Non-Disclosure Agreement (KP Health Connect)	
	Confidentiality Agreement (Form 2870) (3 pages)	Please keep in order Page 1, 2, 3
	Drug Free Workplace – Employee Acknowledgement (Form 2862) (2 pages)	Please keep in order Page 1 & 2. Please include NUID#.
	Elder & Dependent Adult Abuse Reporting Requirements (Form 2950)	
	School Affiliate Preceptor/Student Role Agreement **(Individual Preceptor Students only)**	This form is included for preceptorship packet only.
	Dress and Personal Appearance Policy Acknowledgement (must include both signatures – student and instructor or school coordinator)	Must be signed by both student and instructor / clinical coordinator. For school official, please sign, print name and date under manager signature.
	Transcript Report - (See attachment to print transcript report). If you submit individual certificates, please put them in order of KP Learn modules list (see attachment).	Please ensure that all KP Learn modules have been completed, and that all module numbers match the module course name ie. KP Learn# 0001582965 - Active Shooter and Assailant Training 2025

If you have any questions, you may contact **Christina Coreas with Kaiser South Bay Staff Education Dept at (310) 517-3937**.