

FOR: **Anaheim Regional Medical Center**

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, and date, and include with your PDF

Read and Review the following:

AHMC Registry & Student Orientation Guidelines (89 pages)

AHMC Student Orientation Post-Test (5 pages)

Review, **PRINT**, Complete and **Sign** (then **scan & send**) the following to nursingdocs@fullerton.edu :

AHMC Statements of Responsibility and Orientation Acknowledgement (1 page)
(Please sign by hand in ink.) Your instructor will sign your form later on.

AHMC Statement of Confidentiality (1 page)
(Please sign by hand in ink.) Your instructor will sign your form later on.

AHMC Security Policy/Systems Access Request Form (2 pages, read page 1 and only submit page 2.)
(Please sign by hand in ink.) The CNO will sign your form later on.

AHMC Student Orientation Answer Sheet (1 page)
(Please complete by hand in ink.)

Please make sure the following is up to date in your Castle Branch account:

Flu Vaccine Record
This is required during the flu-season months only (**October through May**).
FALL Semester Students: We will access your Flu Vaccine record in October through Castle Branch.
SPRING Semester Students: Please include a copy of your Flu Vaccine record with your document packet.

Please complete the following form **AFTER** you have completed your clinical rotation:

AHMC Student Evaluation (1 page)
Your instructor will give you further instructions as to how and when to submit this form.

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: _____