

**FOR:** Kaiser Permanente – Los Angeles

**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](mailto: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**

**Step 1. Begin at the KP Nursing Pathways site:**

[https://kpnursing.org/\\_SCAL/professionaldevelopment/orientation/index.html](https://kpnursing.org/_SCAL/professionaldevelopment/orientation/index.html)

**Step 2. Prerequisites for Kaiser Permanente Unpaid Field Experience and Training**

Under "**Student Groups/Cohorts**", please complete the following steps:

Print, review, and complete all the forms under **1. Required Forms**. When asked for the "**Effective Date**" on your KP Forms, use the date you signed the forms.

Submit all the documents in the exact order indicated below:

- Required Forms (first page of the packet)
- Child Abuse Reporting Requirements (1 page)
- Compliance/HIPAA Security Program (1 page)
- Confidentiality and Non-Disclosure Agreement (1 page)
- Confidentiality Agreement (3 pages)
- Drug-Free Workplace Acknowledgement (2 pages)
- Elder and Dependent Adults Requirements (1 page)

**Step 3. KP Learn Modules**

**If you are a current/previous Kaiser Permanente employee, volunteer, or have rotated through a KP facility in a previous rotation and have been issued a NUID, please provide your NUID Number:**

If you forgot your NUID, please let us know as Kaiser will need to verify your information in order to reactivate your NUID.

All students placed at a Kaiser Permanente site will be issued a **NUID** number (sent to you via email by the SON). Your unique NUID is similar to an SSN# as it is yours for life. **You will use this same number again if you already have a KP-issued NUID.** Once you receive confirmation from the Clinical Placement/Document Team via email that your NUID has been activated, you will be able to access the online KP Learn training to complete your required certificates for the current calendar year. Please note that your NUID email will also contain a separate deadline for submitting your certificates.

(Continue to the next page for further instructions)

**Attention students RETURNING to Kaiser Permanente:** due to individual KP facility/site differences and the need for updated "effective dates" and trainings etc., **you are still required to complete all pages again**, even if you have completed the same exact forms mentioned above in a past semester, or are currently placed at a KP site. Please also ensure that your **KP Learn training and certificates** (mentioned on the next page) are up-to-date for the calendar year of your upcoming clinical rotation.

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**Print this check-off sheet, sign, and date, and include with your PDF**

Submit a copy of your KP Learn Completed Transcript as a single file to [nursingdocs@fullerton.edu](mailto:nursingdocs@fullerton.edu) no later than the deadline given to you by the Clinical Placement/Document Team. Kaiser will not accept individual certificates.

**Step 4: Emergency Contact and Health Insurance**

Please provide us with the following information below, note we do not need documentation.

1. Emergency Contact

- Name (First and Last): \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

2. Health Insurance

- Company Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

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: \_\_\_\_\_