

FOR: Kaiser Permanente – Orange County Sites (Anaheim & Irvine)

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

Step 1. Begin at the KP Nursing Pathways site:

<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. Medical Center-Specific Information

Under “Medical Center-Specific Information” click on **Orange County (Anaheim/Irvine)** under “Inpatient/Hospital.” Click on “Group/Cohort Students and School Faculty.”

Complete the following steps:

- Read and review the information under **2. Additional Required Reading**
- Sign and complete all the forms under **3. Additional Required Modules, Forms, and Attestation.**

The Employee Student/Faculty Attestation form only applies if you are a current KP Employee

(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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Step 4: 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 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 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 you to submit your certificates.

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

Step 5: 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: _____

- For Nursing students enrolled in the N406L Obstetrics course/rotation ONLY:

We will fill out the Scrubex Access Form for you; however, please indicate (circle) the size you would like here:

Small Medium Large X-Large XX-Large XXX-Large

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: _____