SAN BERNARDINO COUNTY AREA
DEPARTMENT OF EDUCATION & PROFESSIONAL DEVELOPEMENT

Required Documentation Check List for Nursing Clinical Rotations

School: _____   Instructor: _____   Unit/Rotation Date: _____

Instructor MUST Complete:

☐ 1. Orientation Verification for Student Groups & Faculty (3 pages)
☐ 2. Pyxis Form (if needed)
☐ 3. Schedule of Students Hospital Rotations (Unit Assignments)

Instructors and Students MUST Complete:

☐ 1. Child Abuse Reporting Requirements
☐ 2. Confidentiality Agreement
☐ 3. Drug Free Work Place
☐ 4. Elder and Dependent Adult Abuse Reporting Requirements
☐ 5. Contractors/Security/Volunteer/Student Health Screening Initial Questionnaire
☐ 6. Hand Hygiene Quiz

> **INCOMPLETE PACKETS WILL BE REJECTED IF ALL PAPERWORK IS NOT SENT SENT TO US COMPLETE**

After completing KP Learn Training Sign the following:

☐ 8. Health Connect Confidentiality and Non-Disclosure Agreement
☐ 9. Compliance/HIPAA Security Program Attestation

KP Learn Modules:

*Just send copy of certificate if you have already completed the module for the current year

☐ 10. Compliance – Ethics and Compliance Introduction: Building a Culture of Trust 2018 (00774630)
☐ 11. Safety Training: CA- Hospital/Initial/Comprehensive OSHA/Safety/EOC/Waste (00775540)
☐ 12. Safe Patient Handling 2018 (00769457)
☐ 13. 2018 Fontana-Ontario Annual SOS (00782992)
☐ 14. Interacting With People With Disabilities (00718722)
☐ 15. KP HealthConnect Inpatient Training for Nursing Students

Chapters 1-12:
Course Name: KP HealthConnect Inpatient Training for Nursing Students - SCAL
Class ID: 00765490
Chapter 13:
Course Name: KP HealthConnect Inpatient Training for NICU and L&D Nursing

Students - SCAL   Class ID: 00765493

4/03/2018