



Kaiser Permanente Orange County - Badge Instructions

Complete the requested information below.

Name: _____ DOB: _____
Email: _____ Cell # _____
School: _____ Instructor Name: _____
(If applicable)

Read and Sign

Your signature below signifies your understanding of, and compliance with, the following:
KP student badges must be returned on the last day of unpaid field experience training to a locked badge box located on the wall outside of the **Professional Development & Education** department at either Anaheim or Irvine Medical Centers. Students may return badges to either location, but this must be done on the last day of rotations. No exceptions. Hospitals have open access 24/7 for badge return.

Signature Date

Obtain Badge

After you've received notice that you have been officially cleared for your student rotation, you may go to either of the **Security offices** listed below to obtain your badge. Please bring your CA Drivers License with you.

Anaheim Medical Center
MOB 2
3430 E. La Palma
Anaheim, CA 92806
1st floor near Pharmacy & Lab

Irvine Medical Center
MOB 2
6650 Alton Pkwy
Irvine, CA 92618
1st floor behind Reception & near Lab

Office hours: Monday - Friday, 8 AM-4:30 PM

Return Badge

On the last day of your student rotation, return your badge to the badge drop box at either of the **Professional Development & Education offices** listed below:

Anaheim Medical Center
6th Floor of main hospital
3440 E. La Palma
Anaheim, CA 92806

Irvine Medical Center
6th Floor of main hospital
6640 Alton Pkwy
Irvine, CA 92618

Office hours: Monday - Friday, 8 AM-12 PM & 1 PM-4:30 PM

Kaiser Permanente Orange County

Employee Student/Faculty Rotation Approval Attestation

I authorize the employee named below to complete their unpaid field experience and training, (as a student or faculty), in the unit/department for which they work. I attest that I will perform the following, (please check each box indicating that you agree):

- Inform and confirm with local Human Resources (HR) of the intent for an employee to participate as a student/faculty as unpaid field experience personnel and obtain approval where warranted.
- Monitor access to pharmaceuticals and protected health information in collaboration with onsite faculty.
- Review KP data and/or information that student intends to use for program submissions and include any pertinent stakeholders to review the data/information prior to any approvals given in collaboration with faculty.
- Follow procedural steps for any research and/or quality improvement programs that student requests to perform. I will include pertinent stakeholders in the review of any requests. *(Request process is on schedule B in Student Unpaid Field Experience and Training policy).*
- Issue and retrieve any KP SCAL assets issued as part of the student rotation, when the asset is no longer needed.
- Report suspicions of unethical practice or wrongdoing to the appropriate personnel, (i.e. privacy breaches to local Compliance, intoxication to local HR).
- Assist student/faculty in obtaining accesses that are required for rotation if/when appropriate.

STUDENT or FACULTY INFORMATION

Name: _____ NUID: _____

Student Faculty

Accesses needed: Other _____

School: _____ Pyxis Med Room Building

MANAGER INFORMATION

Name: _____ Print Signature

Dept: _____ Location: _____ Date: _____
MOB/Med Center

Kaiser Permanente ORANGE COUNTY

Required Reading, Modules & Forms specific to Orange County

ATTESTATION

In addition to the requirements listed on the main page of this site, KP Orange County requires the following:

Please read, complete and sign where indicated.

REQUIRED READING

Dress Code

Infection Control

REQUIRED KP LEARN MODULES

Include Completion Certificates in Student Packet. See Student Packet List for current course number.

To be completed by all

Orange County Annual Training and Review

Safe Patient Handling

To be completed by RNs & Faculty only

Health Connect

Glucometer Validation

To be completed by Faculty only

Pyxis MedStation ES System Tutorial

REQUIRED FORMS

Include completed and signed forms in Student Packet.

Badge Instructions

OPTIONAL-Required of Students/Faculty on designated home unit only

Attestation

ATTESTATION

I hereby affirm that I have read and completed the **KP Orange County Required Readings, Modules & Forms** listed on page 1 of this document. Any such misrepresentation, misstatement, or omission, whether intentional or otherwise, may result in immediate suspension or termination of program participation with Kaiser Permanente.

Print Name

Signature

Date