



KAISER PERMANENTE®
Baldwin Park Medical Center
 Faculty-Student Orientation Forms
 Inpatient/Hospital Nursing Departments

 Date Completed & Verified

 Academic Liaison / Educator

**Student File: One-to-One Direct Supervision with KP Employee/Provider
 with INDIRECT or Patient Care Activities
 (example: Leadership Preceptorship)**

***One per Student as Top Sheet**

Checklist for Student's File:

Instructor Verification

| | |
|---|--|
| Course Syllabus and Objectives | <input type="checkbox"/> Included in Packet |
| Health & Safety Verification Excel (sent separately from School – all boxes filled out) | <input type="checkbox"/> Completion Verified |
| Valid US Governmental Photo Identification Card | <input type="checkbox"/> Completion Verified |
| Copy of BLS (Front and Back) or Printed eCard verified by Faculty/School | <input type="checkbox"/> Completion Verified |
| Child Abuse Reporting Requirements | <input type="checkbox"/> Completion Verified |
| KP Health Connect Confidentiality and Non-Disclosure Agreement | <input type="checkbox"/> Completion Verified |
| Confidentiality Agreement | <input type="checkbox"/> Completion Verified |
| Drug-Free Workplace Employee Acknowledgement | <input type="checkbox"/> Completion Verified |
| Elder Abuse Reporting Requirements | <input type="checkbox"/> Completion Verified |
| Hand Hygiene Post-Test | <input type="checkbox"/> Completion Verified |
| Emergency Preparedness Education Attestation | <input type="checkbox"/> Completion Verified |
| Baldwin Park Specific KP Learns | <input type="checkbox"/> Completion Verified |
| - Please refer to Inpatient Baldwin Park page via Nursing Pathways website for this list | |
| - Please print off KP Learn Completed Transcript showing ALL completed KP Learns (both Baldwin Park Specific and Regional) | |
| REGIONAL REQUIRED KP LEARNS & ADDITIONAL ITEMS | |
| COVID-19 Training 2021 | <input type="checkbox"/> Completion Verified |
| COVID-19 Symptom Self-Check & Badge Attestation | <input type="checkbox"/> Completion Verified |
| Equal Access & Effective Communication at Kaiser Permanente | <input type="checkbox"/> Completion Verified |
| Ethics and Compliance Introduction: Building a Culture of Trust | <input type="checkbox"/> Completion Verified |
| Initial OSHA Safety Training for California (Hospitals and MOBs) (EOC/Waste) | <input type="checkbox"/> Completion Verified |
| Management of Patients who are a danger to self, others or gravely disabled | <input type="checkbox"/> Completion Verified |
| Providing Culturally and Linguistically Appropriate Services in California | <input type="checkbox"/> Completion Verified |
| Abuse Assessment and Reporting | <input type="checkbox"/> Completion Verified |
| School Affiliate Preceptor/Student Role Agreement | <input type="checkbox"/> Completion Verified |
| Required Reading Attestation for Student Unpaid Field Experience and Training | <input type="checkbox"/> Completion Verified |
| Auto Insurance | <input type="checkbox"/> Completion Verified |

The following forms can be submitted before or on the first day of clinical residency:

| | |
|--|--|
| Unit Scavenger Hunt (as appropriate for department assigned) | <input type="checkbox"/> Completion Verified |
|--|--|

I have reviewed the KP Baldwin Park College Affiliating Guidelines Policy and Nursing Pathways Orientation Website documents and attest that I have completed the above documents. I will communicate with my professor or university designee for any assistance or clarifications to provide safe patient care.

I understand the clinical rotation will not begin until individual faculty and student orientation mandatory paperwork are submitted to department educator and received educators signed approval to begin.

 Student Printed Name

 College Instructor / Designee Printed Name

 Student Signed Name

 College Instructor / Designee Signed Name