

## 2018 AMBULATORY SCHOOL AFFILIATES CHECKLIST



Packets should include all the following documents below in the specified order, scanned as one (1) pdf file, and emailed to **SB-Students@kp.org**.

1. Individual Student Verification Form (2 pages) – **DO NOT INCLUDE SUPPLEMENTAL DOCUMENTATION** (i.e. Immunizations, Titters, etc.)
2. Form 2860 - Child Abuse Reporting Requirements
3. Form 2950 - Elder and Dependent Abuse Reporting Requirements
4. Form 2870 - Confidentiality Agreement
5. Form 2862 - Drug-free Workplace Employee Acknowledgement (2 pages)
6. Compliance/HIPAA Security Program Form
7. KP HealthConnect™ Confidentiality and Non-Disclosure Agreement (1 page)
8. MCW #1128 - Dress Code Attestation Form (1 page)
9. Drug Screen (10 Panel)
10. Background Check
11. Copy of BLS Card (front & back)
12. Completion the KP Learn Modules below and submit either a transcript or certificate of completion:
  - Click the link <http://learn.kp.org/> to complete the mandatory online modules
  - Log on with your NUID and MyHR password

KP Learn Module Course	Time
Ethics and Compliance Introduction: Building a Culture of Trust (current year)	1 hr
Safety Training: CA – Hospital/MOB – Initial/Comprehensive – OSHA/Safety	45 min
Prevention of Workplace Violence	1 hr
Interacting with people with disabilities	30 min

**Please Note:** *Partial packets, forms out of order, or outdated forms WILL NOT BE ACCEPTED and will **DELAY** your start date.*