

## ORIENTATION VERIFICATION FORM FOR FACULTY

### COURSE INFORMATION

Orientation Date: \_\_\_\_\_ School: \_\_\_\_\_ Student Level: \_\_\_\_\_

Course Title: \_\_\_\_\_ Syllabus Provided? ☐ No ☐ Yes

Unit/Dept: \_\_\_\_\_ Start Date of Rotation: \_\_\_\_\_ End Date of Rotation: \_\_\_\_\_

### FACULTY INFORMATION

Faculty Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Faculty/Designee Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_

**Please complete the following:**

1. Have you been a clinical instructor at Kaiser Permanente South Bay Medical Center before? ☐ No ☐ Yes
2. Have you been a clinical instructor at the assigned/designated unit/department before? ☐ No ☐ Yes

1.	<b>Professional License</b> <input type="checkbox"/> RN <input type="checkbox"/> Other: _____	Exp. Date: _____
2.	<b>Professional Certification</b> <input type="checkbox"/> NP <input type="checkbox"/> CNS <input type="checkbox"/> Other: _____	Exp. Date: _____
3.	<b>AHA/BLS</b>	Exp. Date: _____
4.	<b>Criminal Background Check</b>	Date: _____
5.	<b>Drug Test (10-panel including Tricyclic Antidepressants)</b>	Date: _____

### ORIENTATION DOCUMENTS

(FACULTY PLEASE CHECK THE BOXES TO INDICATE REVIEW AND COMPLETION)

<input type="checkbox"/> Form 2860 - Child Abuse Reporting Requirements	<input type="checkbox"/> Drug-Free Workforce Employee Acknowledgement Form
<input type="checkbox"/> Form 2950 – Elder and Dependent Abuse Reporting Requirements	<input type="checkbox"/> Compliance Training/HIPPA and Security Attestation Form
<input type="checkbox"/> Confidentiality Agreement Form	<input type="checkbox"/> KP HealthConnect Confidentiality and Non-Disclosure Agreement Form

### REQUIRED HEALTH SCREENING

(FACULTY PLEASE CHECK THE BOXES ONLY IF APPLICABLE)

<input type="checkbox"/> Tetanus, Diphtheria, Typhoid (Tdap)	<input type="checkbox"/> Hepatitis A (for Dietary only)
<input type="checkbox"/> MMR	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Tuberculosis (TB)	<input type="checkbox"/> Varicella
<input type="checkbox"/> Seasonal flu	

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### REQUIRED READING

(FACULTY PLEASE CHECK THE BOXES TO INDICATE REVIEW AND COMPLETION)

<b>All Students:</b>		<b>Nurses/Nursing Students Only:</b>
<input type="checkbox"/> Student unpaid field experience and training policies and procedures	<input type="checkbox"/> Situation, Background, Assessment, & Recommendation (SBAR)	<input type="checkbox"/> Regional High-Alert Medication Safety Practices Policies & Procedures
<input type="checkbox"/> Affiliated Schools Criminal Background Check/Drug screening policies and procedures	<input type="checkbox"/> Guide to the principles of responsibility	<input type="checkbox"/> KP Nursing Professional Practice Model
<input type="checkbox"/> Drug-Free Workplace National HR policy	<input type="checkbox"/> Dress Code	<input type="checkbox"/> KP Vision & Values
<input type="checkbox"/> Current Ambulatory/Inpatient National Patient Safety Goals	<input type="checkbox"/> Five Compliance Expectations	<input type="checkbox"/> What is the Professional Practice Model?
<input type="checkbox"/> HIPPA 101: Privacy and Security Basics	<input type="checkbox"/> Prevent Fraud, Waste, and Abuse	<input type="checkbox"/> <b>Inpatient:</b> Nurse Knowledge Exchange Plus (NKE+)
		<input type="checkbox"/> <b>Inpatient:</b> Barcoding Scanning Medication Administration – Instructions for Students

### OTHER MEDICAL CENTER REQUIRED DOCUMENTATION

(FACULTY PLEASE CHECK THE BOXES TO INDICATE REVIEW AND COMPLETION)

<input type="checkbox"/> KP HealthConnect Student-Instructor Access Data Spreadsheet/Common Provider Master (CPM) Form <ul style="list-style-type: none"> <li>Green colored headers completed</li> <li>Submitted and sent to Medical Center's Academic Liaison/Designee: <b><u>Deanna R. Suarez</u></b></li> </ul>	<input type="checkbox"/> Health & Safety Verification Form  <input type="checkbox"/> Medical Center Specific website items
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### OTHER ACKNOWLEDGEMENTS

(FACULTY PLEASE CHECK THE BOXES TO INDICATE REVIEW AND UNDERSTANDING)

<input type="checkbox"/> Food can be stored in designated areas. <b>ABSOLUTELY NO FOOD OR DRINKS IN PATIENT CARE AREAS.</b>	<input type="checkbox"/> Valuables should be left at home as lockers are not available.
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**I verify that I meet all the requirements defined by policy. I verify that student(s) listed below meet all the requirements defined by policy.**

Faculty Name \_\_\_\_\_ Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_