

## Individual Preceptorship Student

### Submission Checklist

**Please Note:** This checklist is intended to help guide you on everything that is required in order to obtain clearance to start. There are several reading materials required in addition to these forms. Only completed packets will be accepted. Please ensure you have all items on this checklist and everything is filled out in its entirety before submitting.

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#### SUBMIT 3 MONTHS IN ADVANCE:

- Student Placement Request
- Copy of Syllabus/Objectives

#### SUBMIT 4 WEEKS IN ADVANCE:

- CPMKPHC Student-Instructor Access Data Spreadsheet (*needed to grant you an NUID & PW*)

#### SUBMIT 2 WEEKS IN ADVANCE

- Required Forms
  - o Individual Preceptorship Student Prerequisite Form with **copies of required documentation and copies of required health screening**
  - o Child Abuse Reporting Requirements (Form 2860)
  - o Compliance / HIPAA Security Program
  - o Confidentiality & Non-Disclosure Agreement (HC)
  - o Confidentiality Agreement (Form 2870)
  - o Drug-Free Workplace-Employee Acknowledgement (Form 2862)
  - o Elder And Dependent Adult Abuse Reporting Requirements (Form 2950)
  - o Health Screening Questionnaire
  - o Preceptor and Student Role Agreement (can be submitted after first
  - o Required Readings Attestation
- Copies of:
  - o LA City Fire Card
    - **REQUIRED** if clinicals will be done at the Woodland Hills Medical Center (excludes outlying clinics such as Market Street, Porter Ranch, etc.)
  - o KP Learn *“My Completed Learning”* summary page with the following modules listed:
    - o COVID-19 Training (0000845206)
    - o COVID-19 Training Amendment (for those who completed COVID-19 Training March 18, 2020 or earlier) (0000846619)
    - o Equal Access and Effective Communication at Kaiser Permanente (0000842396)
    - o Ethics and Compliance Introduction 2020 (0000838300)
    - o Initial OSHA Safety Training for California (Hospitals and MOBs) and Hawaii Hospital (includes EOC and Waste) 2020 (0000839945)
    - o Management of patients who are a danger to self, others, or are gravely disabled 2020 (0000849343)
    - o SCAL Abuse Assessment and Reporting 2020 (0000831572)
    - o Using Language Assistance Services in California (0000791574)
    - o Safe Patient Handling **Ambulatory** – outpatient only (0000837992)
    - o Safe Patient Handling **Hospital**- inpatient only (0000837990)
    - o Flu Vaccination Program 2020-2021 (0000856692)
- Identification Badge Request Form