

Clinical Profile

Orange County/Long Beach Consortium for Nursing

1. Complete the information below for each group/class schedule for each clinical rotation and submit to the clinical Facility coordinator or designee. Please check (✓) those boxes for which the student has the affiliation standard.
2. Attach a list of the students' names.
3. All personnel (faculty and students) with patient contact are required to verify health screening/immunization compliance:
 - Tuberculosis
 - MMR immunity
 - Varicella titer
 - Hepatitis-B testing
 - Influenza vaccine or declination
4. The academic institution is responsible for providing program instruction to include:
 - Injury and illness prevention
 - BLS for Healthcare Providers – American Heart Association
 - Confidentiality (Patient Rights)*
 - Dress code*
 - Standard Precautions*
 - Needle safety*
 - HIPAA training
 - Background Check Clearance

*General orientation information

School _____ Instructor's Work Phone _____

Instructor _____ Instructor's Home Phone _____

Program: NA VN ADN BSN ELM Student Group: NA VN RN RT Level: _____

Clinical Dates: From _____ To _____

Clinical Days/Time _____

Conference Day/Hours _____ Location _____ Ext. _____

I certify that the students and instructors in this rotation have completed the following requirements, and that supporting documentation for verification purposes is maintained at this academic institution.

- | | | |
|---|---|---|
| <input type="checkbox"/> TB screening | <input type="checkbox"/> Injury and illness training | <input type="checkbox"/> Worker's compensation/
health insurance current |
| <input type="checkbox"/> MMR | <input type="checkbox"/> CPR for Healthcare Providers | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Varicella titer | <input type="checkbox"/> General Orientation | <input type="checkbox"/> Faculty licensed |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> HIPAA Training | <input type="checkbox"/> Professional Liability Insurance |
| <input type="checkbox"/> Health Clearance | <input type="checkbox"/> Unit Orientation | |

Signature of Instructor or Designee _____