



VALLEY
MEDICAL CENTER

Student/Instructor Program Checklist for Access to VMC

To be completed by the School Coordinator

For Internships, Externships, and
Preceptorships

FULL LEGAL Name (First/Middle/Last): _____

Applicant's school e-mail address: _____

School/Program: _____

Clinical Quarter/Year (if applicable): _____

Start Date: _____ End Date: _____ Req. Hours On-site: _____

Please check scheduling availability below. (Note: VMC clinics: Monday-Friday 0700-1730)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

By contract with Valley, you must meet the following health and safety requirements and are responsible for ensuring that requirements have been met **prior** to coming on-site. Documentation must meet requirements at all times and be produced upon request.

Please submit this form to your VMC Development Specialist.

Orientation instructions, directions, and e-learning modules will be emailed to the school and/or student once the form is completed.

Instructor: Verify current Educational Affiliation Agreement (EAA) with VMC.

FOR THOSE WHO ARE VMC STAFF:

_____ is VMC staff. No additional documentation is required for VMC staff. Do not proceed with the remainder of this form. Sign below.

FOR THOSE WHO ARE NON-VMC STAFF

Returning Student/Faculty or previous employee? Yes, If yes Within the past 6 months? From quarter/term/month: _____

Students: Type of Study (Please check one:)

_____ Study involves direct patient contact with adults at VMC

_____ Study involves direct patient contact with children or infants at VMC

_____ Study does not involve direct patient contact at VMC

_____ Study involves direct patient care with patients at VMC *clinics* (i.e. RN/MA)

Background Check – School has valid and current (within 2 years) Washington State Patrol (WATCH) inquiry

Immunization Status

Although they may not be caring directly for patients, they may be in patient areas. Therefore, the school must obtain evidence of the following immunization records.

- Chicken pox (lab testing, or 2 doses of Varivax)
- MMR 2 doses or serologic/lab immunity
- Hepatitis B (only if at risk for exposure to blood or body fluids)
- Quantiferon Blood test preferred. Will also accept 2-step skin test (TST) if performed within the last 12 months or IGRA/T-spot results.
- TDAP (if in children or infant areas)
- Flu shot (within the current flu season)

Student/Instructor agrees to complete regulatory and compliance modules prior to coming on-site

Student/Instructor agrees to return their VMC badge to Security directly or to their VMC clinic/department lead

ADDITIONAL REQUIREMENTS BASED ON POSITION (if applicable) *Consult with VMC if unsure of additional requirements

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|---|---|
| • License/Certification (RN, MA, Food Handlers, etc.) | • Hepatitis A Vaccine |
| • BLS | • Dept specific Product/Service Competency |
| • Required Education | • OR Protocol Training, Blood Borne Pathogen Training, etc. |

The above items are on file, valid, and completed prior to arrival at Valley Medical Center. My signature below verifies each of the above checked items is complete and in accordance with Valley Medical Center's Policy.

Signature: _____

Date: _____