

**Yuma Regional Medical Center
Student On-Boarding Form**

(Must be turned into Clinical Education 3 weeks prior to starting date)

Student Name: _____ Email: _____

Date of Birth: _____ Start Date: _____ End Date: _____

College / University & Program: _____

Student's Lead Faculty: _____

Faculty Contact Phone and Email: _____

YRMC Contact: _____

Thank you for your interest in completing clinical hours at Yuma Regional Medical Center. Please note students are required to provide their own mask(s) and eye protection during their clinical experience. Attached is a copy of the most updated precautions policy. Students are required to take their temperature before each clinical day.

Copies of the following to YRMC Clinical Education Department:

- Liability Insurance (*if not in contract*)
- Current Skills List and/or Curriculum Objectives
- Preceptor Criteria
- Photo copy of Driver's License

Must have completed:

- Hospital Student Orientation
- HealthStream Student Orientation Modules
- Inpatient or Ambulatory Orientation
- YRMCare Training as appropriate

Checklist for below requirements (must be a copy of the original document or verification attestation letter from institution of records on file):

1. Lab Reports of Blood Tests (IGG titer) confirming Immunity **or** Proof of 2 immunizations to:

- _____ MMR
- _____ Varicella

2. _____ Hepatitis B documentation – series, or a positive titer, or declination

3. _____ Documentation of Tuberculosis Screening (within last year)

4. _____ 7 or 10 Panel Urine Drug Screen (within last year)

5. _____ Healthcare Provider CPR/BLS Card (*Front and back and must be current through student experience*)

6. _____ Fingerprint Class 1 Clearance Card or Criminal Background Clearance (will accept attestation letter from institution).
7. _____ Proof of FLU Vaccine between months of **October – April**.
8. _____ COVID-19 Vaccination/ Exemption Form
9. _____ Respirator fit test (within the last year) (For students who work with patients in airborne isolation)
 - i. Manufacture/Style: 3M
 - ii. Model : 1860
 - iii. Size: Regular or Small

Note: will accept attestation letter from institution regarding immunizations, TB screening, and background clearance.

Email to:
lagarcia@yumaregional.org