

Student/Faculty Health Authority Orientation Checklist

Students and faculty must complete this checklist and maintain currency of all applicable pre-requisites **to be eligible for practice education placements**. Complete this checklist electronically by tabbing through the fields and clicking on links. Print and **submit with supporting documentation to your school**, and retain a copy for your records. It is your responsibility to re-submit an updated checklist and documentation as necessary.

Personal Information

Last Name: _____ First Name: _____ Student _____
 Email: _____ Phone _____ Faculty _____
 School: _____ Program Dates: _____
 Program: _____

Start Date: (mm/dd/yy) _____	Projected Date of Completion: (mm/dd/yy) _____
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All Health Authorities

Pre-requisites	Dates Completed (mm/dd/yy)
Criminal Records Check (renew every 5 years, and upon any subsequent charge or conviction)	_____
Student Practice Education 'Core' Orientation (No renewal required, this online course is valid for the duration of your program) WHMIS (renew annually) Infection Control (valid for duration of your program) Waste Management (valid for duration of your program) Code Red (renew annually)	_____ _____ _____ _____
Immunizations (update as required by Practice Education Guidelines)	_____
CPR – as required by your program (renew as required by your school)	_____ NA: _____
Fit Testing (renew annually)	_____ NA: _____
Flu Shot (update annually – for all students entering client/resident/patient areas)	_____

Health Authority Specific

Pre-requisites	Date Completed (mm/dd/yy)
You must visit the Health Authority specific Student Practice Education webpage where you will have your practice education experience. Click the appropriate link below, and the read the Confidentiality Policy and submit signed confidentiality agreement as directed . Vancouver Coastal Health Authority Fraser Health Authority Provincial Health Services Authority Providence Health Care Note: These web pages also contain important information about student placement specific to the Health Authority.	_____ _____ _____ _____

I agree that by completing the checklist and signing this form I have met the mandatory pre-requisites in preparation for my practice education placement. In addition, I am aware that each health authority and placement site/location will have additional specific policies and information that I am to review and understand prior to commencing practice education activities.

Signature

Date