Student Program Checklist

To be completed by the designated School Coordinator and returned to the VMC Human Resources Training Specialist (phone: 425-228-3440, ext. 3901; fax: 425-656-5313). Please verify that each area is complete before the student’s arrival.

Student Name: ___________________________ (First name, middle initial, last name)   Start Date: ___________________________

School: ___________________________   End Date: ___________________________

☐ Student has been provided the Human Resources Training Specialist’s name and is aware of time to arrive for orientation their first day.

☐ Student has been given a name badge (aka school photo ID card) displaying: 1) first and last name, 2) name of school.

☐ School has obtained evidence of current immunizations for the student against:
  1. Chicken Pox (vaccination or history of)
  2. Measles
  3. Mumps
  4. Rubella, two doses (or a positive rubella titer)
  5. Hepatitis B (for those students with patient/client contact)
  6. TB Skin Test within the last year
  7. Seasonal Flu vaccine

☐ Student has completed required blood-borne pathogen training, if applicable.

☐ School has a valid and current (within the past two years) Washington State Patrol background inquiry completed for each student and is able and willing to produce results upon request by Valley Medical Center.

☐ Student agrees to complete the required regulatory and compliance modules within 1 week of starting their experience. During the orientation the VMC Training Specialist will provide instructions and the web address to access Valley Medical Center’s Learning Management System, Percipio.

The above items are on file, valid, and completed prior to the student’s 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 Student Placement Policy.

| Signature of School Coordinator/Instructor: | Date: |

Revised 1/08; 3/2012, 10/2012