Below is a list of requirements to prepare for the <u>AHP 074 Externship Class</u> while enrolled in AHP 070 and 072. All requirements must be on file with the IVC Nursing Office <u>prior to</u> starting AHP 074 on______. When complete, submit **this** form with applicable documentation to the Nursing Office 2155.

1. ____ **Physical & Immunizations.** Schedule an appointment with the IVC Student Health Center for the following: Basic physical, 2-step PPD Skin Test, MMR, T-Dap, Flu shot (when available), Hepatitis B shots (3), and Varicella. The \$14 health services fee covers **basic** services through the IVC Student Health Center. Hepatitis B and Varicella are extra. Use the attached physical guide to see all requirements. Contact the IVC Student Health Center at 760-355-6310 for an appointment. <u>Thereafter email dolores.hartfield@imperial.edu with appointment date</u>.

2____ Background Check & Drug Screen. Log on to <u>www.sdnsebackground.com</u> to begin the background process, choose Package 1; minimum cost is \$65.00. <u>Submit the Disclosure Form requested</u>. For drug screening, pick up a 'Chain of Custody' form from the Nursing Office. You must have completed the online process first. Once you receive a report on results, <u>submit this report</u> by email or hard copy to the Nursing Office–email <u>dolores.hartfield@imperial.edu</u>

3. ____ CPR Basic Life Support Healthcare Provider. Students must complete a Healthcare Provider class from the American Heart Association and <u>submit a copy</u>. ECRMC and PMH offer classes. A fee is required. Contact them below:

- ECRMC Education Department 760-370-8521
- PMH Education Department 760-351-4608

4. **Pay the Malpractice Liability Insurance fee of \$13.** Upon registering for AHP 074, pay the \$13.00 fee through Webstar or at the Cashier's Window and <u>submit a copy</u>. This fee will again be due for AHP 086.

5.____ **Select a Clinical Site.** Choose an externship site from the attached list. Complete the information below. Agencies not on the list may be requested for approval with sufficient time.

| Name of Site: | |
|-----------------|---------|
| Address/City: | |
| Contact Person: | |
| Phone #: | / Fax#: |

6. **IVC Workman's Comp.** Be ready to give your externship site a copy of the Workman's Comp Liability Form (att.)

7. **___Course Forms.** Go to the MA website at http://cms.imperial.edu/index.php?pid=5466 and download the following forms: Skills Evaluation Sheet, Total Externship Hours, Timesheet, and Skills Competency Assessments. Your Instructor will go over these with you. When ready to turn in forms, submit hard copy or by fax to the Nursing Office 1-760-355-6346. Reference your name and G# on all documentation.

8. ____ **Uniform. Gray** scrub top and **Black** bottoms are required with **White** tennis shoes. A white Lab jacket may be used but is optional.

9.____**Name Badge.** To be used with uniform at all times, name badge can be obtained at the IVC College Center Casbah Room. First name and initial of last name required with picture. Cost is \$5.00 each.

10. **Patch.** The MA patch is purchased at Phoenix Uniforms (next to Big 5 on Imperial Ave, El Centro 1-760-353-9482)

Student's Name (Print):_____

Date:_____