

EASTERN IDAHO REGIONAL MEDICAL CENTER
IDAHO FALLS, IDAHO
*Educational Experience Checklist for Clinical
Students and On-Site Faculty*

The following checklist must be completed prior to the first experience at EIRMC. A completed checklist must be submitted yearly for all on-site faculty and students. All signed and completed checklists are to be returned to the EIRMC Education Department.

STUDENT NAME _____ BIRTHDATE _____

HOME ADDRESS _____

EMAIL ADDRESS _____

PERSONAL PHONE NUMBER _____

FACULTY NAME _____ EDUCATIONAL INSTITUTION _____

PROGRAM _____

START DATE _____ ANTICIPATED EIRMC END DATE _____

I agree that I have complied with all provisions in the EIRMC student requirements. These include:

1. _____ Student/Faculty Background Check (Required for initial clinical experience. Not required if you are a current EIRMC employee and have one on file in HR.)
2. _____ Student/Faculty Health Questionnaire with supporting documentation
3. _____ Current American Heart Association BLS Healthcare Provider status (required for clinical students only)
4. _____ Signed copy of "Confidentiality & Security Agreement"
5. _____ Mandatory Hospital "Staff Safety Review" Certificate
6. _____ Signed copy of "Exhibit A, Statement of Responsibility"
7. _____ Signed copy of the "Parking Acknowledgement Form"

All of the above documents and supporting verification are to be retained and kept on file by the educational institution for each student.

Date: _____
Student Signature

Date: _____
Faculty Signature

By signing this form, I allow the instructor from my facility to release the above information to EIRMC.

Student Signature