

# LifeBridge Health Student Passport/Roster Orientation Checklist

2018-2019 School Year

Facility for Rotation (Sinai, NW, Levindale): \_\_\_\_\_

Unit Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

School / Institution: \_\_\_\_\_

Name of the Course: \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_ to \_\_\_\_\_ First Day on Unit: \_\_\_\_\_

Coordinator Name (print): \_\_\_\_\_ Coordinator Phone (print): \_\_\_\_\_

Instructor Name (print): \_\_\_\_\_ Instructor Phone (print): \_\_\_\_\_

Instructor Name (sign): \_\_\_\_\_

Instructor School or LifeBridge Email (no personal emails will be accepted): \_\_\_\_\_

## Universal Passport Requirements per Manual

**Passport  
and all required  
paperwork must be  
sent together  
before processing will  
start**

	If LifeBridge Employee Note With * & Include copy of LifeBridge Badge	Previous Clinical at same Facility	SSN (Last 4 Digits)	Drug Testing	Criminal Background Check	Immunizations (Hepatitis B, Influenza)	TB	CPR or BLS Certification	LBH Student Orientation Manual	Orientation Manual Verification form	EMR online module certificate (only if EMR access requested )	Student Identification	Badging Form	Parking Form (Sinai & Levindale Only)	Women's & Children's Security Certificate (Sinai Only )
Instructor Name (Print)															
Student Name (Print)															

**I attest the above information is complete and accurate.**

**Signature:** \_\_\_\_\_

**\*Instructor Electronic Medical Record Access (Meds Administration) Yes \_\_\_ No \_\_\_**

**\*Student Electronic Medical Records Access (Meds Administration) Yes \_\_\_ No \_\_\_**

**\*Send Passport/Roster/Required forms to [nursingstudents@lifebridgehealth.org](mailto:nursingstudents@lifebridgehealth.org)**