



Mandatory Requirements for Student Placement -- Documentation Form

_____ Good Samaritan Hospital _____ MultiCare Health System

Faculty/Instructors/Schools who place students in clinical experiences at MultiCare Health System are required to determine, prior to clinical placement, that students meet the requirements as listed in the affiliation agreement. Please certify by signing below that each student and faculty member from your program who will have contact with patients at MultiCare satisfies these requirements and that documentation verifying the same has been collected. **This completed form must be returned prior to commencement of the students' clinical assignments.**

REQUIREMENTS

- Valid License (if applicable)
- Washington State Patrol Background Check
- HIPAA Training
- Immunizations (including PPD Test within the last year)

The following students have met the above requirements: Schools must submit full legal name and birth date. The last 4 digits of the SS # are only required if the student is being precepted.

Last Name	First Name	Middle Initial	Last 4 digits of SS# only if precepted	Birthdate*	Start Date	End Date	Unit	Unit Contact	Total Hours

School/Agency and Program	RETURN VIA FAX TO: Karen Foreman, Student Placement MultiCare Health System (253) 403-1307 FAX (NEW) (253) 403-5348 Phone (877) 512-4602 Pager karen.foreman@multicare.org karenforeman@goodsamhealth.org
Faculty/Instructor Name	
Faculty/Instructor Phone #'s	
Faculty/Instructor Signature	
Date Completed	