



Education Department Student Orientation Checklist

All pre-requisites listed on this form must be completed and approved by either the Director of Education or designated employee prior to starting any student externship within Bayhealth Medical Center.

Student Name

School

Discipline

Rotation Dates

- ☞ The student has completed the on-line Student Orientation at www.christianacare.org
- ☞ The student must complete/sign all forms in this packet.
- ☞ This packet must be returned to the Education Department at Bayhealth – Kent General Hospital at least 5 business days prior to the student beginning their clinical time at Bayhealth Medical Center.

I _____ have completed the Bayhealth Medical Center Externship
(print student's name)

Student Orientation On-line version and understand all of the information reviewed during this orientation process.

Student's signature

Date

FOR BAYHEALTH REPRESENTATIVE TO COMPLETE

Packet received on _____

By _____

- Signed Consent for Adult Abuse Registry
- Signed Consent for Child Abuse Registry
- Signed Confidentiality Statement
- Signed Code of Conduct Statement
- Signed Statement of Understanding
- Vehicle Identification Information
- Criminal Background Check Results
- Immunization Records
- Drug Test Results

Information Received
