

**EASTERN IDAHO REGIONAL MEDICAL CENTER
IDAHO FALLS, IDAHO**

**Educational Experience Checklist for Clinical or Non-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 every year for all on-site faculty and students. All signed and completed checklists are to be returned to the EIRMC Education Department.

STUDENT NAME _____ AGE _____
FACULTY NAME _____
EDUCATIONAL INSTITUTION _____
PROGRAM _____ DATE _____

New student _____ Existing Student _____

I agree that I have complied with all provisions in the EIRMC Student /Faculty Policy (HR Policy 900.39). These include:

1. _____ Student/Faculty Background Check through certifiedbackground.com or *EIRMC Attestation form completed with prior hospital HR approval. (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
3. _____ Current BLS Healthcare Provider status (req for clinical students only)
4. _____ Signed copy of "Confidentiality & Security Agreement" (will receive in Meditech, if applicable)
5. _____ Review of "Student Orientation Booklet"
6. _____ Review of Mandatory Hospital "Staff Safety Review" and test
7. _____ Health & Welfare fingerprint check (**Teton Peaks – BHC students only**)

All of the above documents and supporting verification are to be retained by the educational institution (with the exception of this form and the background attestation form, if applicable) for each student, with access, by the hospital, for audit purposes.

***If over age 21, please complete the following information on the back of this form:**

_____ Date: _____
Student Signature

_____ Date: _____
Faculty Signature

EMPLOYMENT VERIFICATION
Employment verification (for each employer for past 7 years)
Please attach additional sheet if needed

COMPLETE SHADED AREAS ONLY!

Employer: _____ **Phone:** _____

Supervisor's Name: _____

Name while employed: _____

Dates of employment: _____ to _____ **Position:** _____

Eligible for rehire: ____ yes ____ no

Comments

Employer: _____ **Phone:** _____

Supervisor's Name: _____

Name while employed: _____

Dates of employment: _____ to _____ **Position:** _____

Eligible for rehire: ____ yes ____ no

Comments

Employer: _____ **Phone:** _____

Supervisor's Name: _____

Name while employed: _____

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Comments

EIRMC Representative

Date