

<b><u>Faculty Requirements</u></b>		
	Per Agreement and/or Policies	Completed
1	Agreement between School and Novant and current Certificate of Insurance (verify on file)	
2	Signed Confidentiality Agreement ( Non-Employed Worker packet)	
3	Signed Orientation/Compliance Roster (Non-Employed Worker packet)	
4	Signed Tobacco Free Form (Non-Employed Worker packet)	
5	Signed Education Experience Agreement	
6	Faculty/Student/School and Contact Information Form	
7	Self-Learning Modules Signed Certificate of Completion:	
	Medication Safety Module	
	<b>IF WORKING IN PATIENT CARE AREAS:</b>	
8	Immunization record (birth to present).	Enter dates below:
	<b>MMR #1 #2 or Rubeola, Rubella, and Mumps Titer</b>	
	Varicella #1 #2 or Varicella Titer	
	TB/PPD #1 #2 (within the last 12 months)	
	Hepatitis B (HepB) #1 #2 #3 or Hep B Titer	
	<b>DPT #1 #2 #3 or Tdap</b>	
	Flu Vaccine (October-March)	
9	Criminal Background check to include nationwide SS# trace, OIG, Sex Offender Register	
10	Drug Screen (12 panel)	
	<u>12-panel drug screen</u>	
	1)AMP amphetamine 2)BAR barbiturates 3)BZP benzodiazepines	
	4)COC cocaine 5)MDMA ecstasy 6)METH methamphetamines	
	7)MTD methadone 8)OPI opiates 9)OXY oxycodone	
	10)PCP phencyclidine 11)PPX propoxyphene 12)THC marijuana	

Type in information and save to your computer.  
Then submit electronically to **Instructor/Advisor**

**Student/School/Faculty Information Sheet**

**Student Information:**

Date:	
Name(enter first, middle & last):	
Address:	
Telephone #	Email
Date of Birth:	
Last 4 SSN/ID	<b>Nursing License # if applicable:</b>
Liability Insurance Carrier: If provided by school leave blank	
Have you ever been employed by Novant Health?	Yes                  No

**Educational Facility:**

Educational Facility:	
Educational Program:	<b>Graduation Date:</b>
Supervising Faculty:	
Faculty Email Address:	
Rotation Service/Course Name:	
Rotation Dates:	Start Date                                  End Date
Total number of Hours	

**Rotation Facilities:**

**Select the primary Novant Health facility where you most likely will be rotating:**

\_\_\_\_\_

**Select the secondary Novant Health facility where you may be rotating:**

\_\_\_\_\_

If NHMG specify practice:

Dimensions training completed (check all that apply): Amb    Acute IP    OB/GYN    ED Surgery    View only    none	Rotation in Practice only Rotation in Acute Care Facility only Rotation in Practice and Acute Care
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**Supervising Physician/Preceptor:**

Preceptor's Name:	
Preceptor's email address:	
Preceptor's Telephone #:	
Supervising Physician/ Preceptor's Office Address:	

## FACULTY EDUCATION EXPERIENCE AGREEMENT

Novant Health (Novant) allows certain students (“Students”) to participate in education experiences in Novant facilities in an effort to assist the student in achieving educational objectives. In order to protect the safety and welfare of the patients and employees, as well as myself, I agree as follows:

- I will fulfill the responsibilities assigned to me by the Facility during the clinical training program. I agree to comply with Facility’s rules, regulations and policies.
- I will follow the *Faculty and Student Dress Code* and will wear an Identification Badge prominently at all times during my education experience.
- I will be on time. I will remember to bring money for lunch and parking fees.
- I will treat patients, visitors, employees, and physicians with respect. Patients have the right to refuse to allow me to participate and/or observe their care and I will honor that.
- I will cooperate with Novant staff in arranging the dates, times, and length of my education experience.
- I will follow the *Confidentiality Agreement* and hold all information I learn about patients in strict confidence.
- I will observe proper hand hygiene and other infection control measures.
- In the event I am involved in an accident on Novant property and need help, Novant will provide access to first aid or emergency care. If I am seen in the Emergency Department, I will be charged normal Emergency Department fees.
- I am responsible for my own actions while I am participating in the education experience, including any negligent or intentional acts that may result in a claim against a Novant employee or facility.
- I will not make or receive personal calls and/or text messages during the workday, regardless of the phone used, may result in the student being removed from the facility. Please leave your cell phone with your personal belongings. You may make personal calls and send text messages on non-work time (breaks, lunch, etc). Please make sure that your friends and family members are aware they should not call during the workday unless it is an emergency.
- I authorize Novant and my educational institution to exchange a copy of my records, including health and immunization records.

Print Name of School	
	Date:
Faculty Signature	
Faculty Printed Name	