

<u>Observation Student more than 16 hours Requirements</u>		
	Per Agreement and/or Policies	
	Required documentation:	
1	Signed Letter of Agreement between School and Novant and current Certificate of Insurance (verify on file)	
2	Faculty/Student/School information sheet request and contact information	
3	Signed confidentiality agreement (Non-Employed Worker packet)	
4	Signed orientation/compliance roster (Non-Employed Worker packet)	
5	Signed Tobacco Free Form (Non-Employed Worker packet)	
6	Signed Observation Experience Agreement	
7	Immunization record (birth to present).	
	MMR #1 #2 (or Rubeola, Rubella, and Mumps Titer	
	Varicella #1 #2 or Varicella Titer	
	TB/PPD #1 #2 (within the last 12 months)	
	Hepatitis B (HepB) #1 #2 #3 or Hep BTiter	
	DPT #1 #2 #3 or Tdap	
	Flu Vaccine (October – March)	
8	Criminal Background check (nationwide SS# trace, OIG, Sex Offender Register)	
	(Except High School Students and Minors)	
	Students, <u>*NOTE: All of the required documentation must be submitted in one packet sent directly from the school. We are unable to process information sent by individual students.</u>	

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	Nursing License # if applicable:
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:	Graduation Date:
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:	

**NOVANT HEALTH
OBSERVATION EXPERIENCE AGREEMENT**

Novant Health (Novant) allows certain individuals (“Observers”) to participate in observation experiences in Novant facilities in an effort to assist the Observer in achieving educational objectives and/or to promote interest in health careers. In order to protect the safety and welfare of the patients and employees, as well as myself, I agree as follows:

- I will treat patients, visitors, employees and physicians with respect. Patients have the right to refuse to allow me to observe their care and I will honor that.
- I will cooperate with Novant staff in arranging the dates, times and length of my observation experience.
- I will not touch any patient or equipment. I will not counsel or give a directive to any patient. I will not perform, or help perform, any patient care activity.
- I will follow the *Confidentiality Agreement* and hold all information I learn about patients in strict confidence.
- I will follow the direction of my preceptor and remain with her/him at all times.
- I will work with my preceptor and others to make sure that my observation experience is successful.
- I will observe proper hand hygiene and other infection control measures.
- I will follow the Infectious Disease policies attached to the *Health Evaluation*. If I have a fever, cough, or think I may be ill, I will call the department where I am scheduled to observe and cancel my observation experience.
- I will follow the *Student Dress Code* and will wear an Identification Badge prominently at all times during my observation experience.
- I will be on time. I will remember to bring money for lunch and parking fees.
- In the event I am involved in an accident on Novant property and need it, 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 observation experience, including any negligent or intentional acts that may result in a claim against a Novant employee or facility.

Observer Signature	Date	Parent/Guardian Signature (if Observer is a minor)	Date
Observer Printed Name		Parent/Guardian Printed Name	