

## **Directions for completing the student programs requirements for non-clinical student packet:**

**-Item #1- Letter of Agreement & Certificate of Insurance.** This is your school's responsibility to ensure there is an established Educational Institutional Letter of Agreement and certificate of insurance is on file.

**-Item #2- Student Information Sheet.** Please save the form to your computer before including it in the packet or the form can be printed and completed.

**-Item #3-Non-Novant Health worker module documents.** The following documents are found at the completion of the orientation module. You will need to sign each of the documents:

- Non-NH worker confidentiality agreement
- Non-NH worker education roster
- Tobacco free campus acknowledgement-There is a section on this form that asks for ID #. Please leave this space blank.

**-Item #4-Educational Experience Agreement.** This form needs to be signed by your university contact, in addition to your signature.

**-Item #5 Immunizations.**

- **COVID-19 Vaccine-** Complete vaccination series of any of the three vaccine products:
  - Johnson & Johnson (Janssen) – Single dose
  - Pfizer-BioNTech – Two doses, 21 days apart
  - Moderna – Two doses, 28 days apart
- **Influenza-** Current seasonal vaccination for rotations from October-April.

**-Item #6-Background Check.** The nationwide criminal background check is the student's responsibility and expense. Most schools have established contracts or processes for students to get criminal background checks. However, there are some programs that require the student to obtain background checks independently. Novant Health has established an account with Castlebranch for students to get the required background check for a nominal fee paid by the student. To obtain the background check using the account set up by Novant Health, please visit <https://portal.castlebranch.com/VD79>

If you choose to use another vendor, please ensure that the company/vendor you use does the correct check.

- The background check must include criminal records check (CRC) includes a nationwide check in each state for the past 7 years. The check is based on the student's security number and address history. The check also must include sex offender and OIG

**Students, \*NOTE:** All the required documentation must be submitted in one complete packet sent directly from the school to NH student programs at [studentprograms@novanthealth.org](mailto:studentprograms@novanthealth.org). All documents should be submitted 4 weeks (30 days) before the start of rotation. We are unable to process information sent by individual students.

**Post-Secondary Non-Clinical Students  
Requirements Per Agreement and/or Policies  
Required documentation:**

1. Verify a signed Letter of Agreement between School and Novant and current Certificate of Insurance or contract as appropriate
2. Student information sheet
3. Non-Novant Health Worker packet documents:
  - Signed Non-NH worker confidentiality agreement (Non-NH Worker module)
  - Signed Non-NH education roster (Non-NH Worker module)
  - Signed Tobacco Free Campus Acknowledgement (Non-NH Worker module)
4. Signed Education Experience Agreement
5. Influenza Vaccine-Current seasonal vaccination for rotations from October-April
6. Criminal Background check  
(Nationwide SS# trace, OIG, Sex Offender Register)

**Students, NOTE:** All of the required documentation must be submitted in one complete packet sent directly from the school to NH student programs at [studentprograms@novanthealth.org](mailto:studentprograms@novanthealth.org). All documents should be submitted 4 weeks (30 days) before start of rotation. We are unable to process information sent by individual students.

**Directions: 1) Save a copy of this document to your computer, 2) input the information, and 3) then submit electronically to your Instructor/Advisor**

Student Information Sheet (All fields must be completed and are mandatory)	
Today's Date:	
Name (enter first, middle & last):	
Street Address (include city, state, and zip code):	
Telephone #:	
School e-mail address:	
Gender: (select box)	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary
Race: (select box)	<input type="radio"/> American Indian <input type="radio"/> Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Pacific Islander <input type="radio"/> Other <input type="radio"/> White/Caucasian
Date of Birth:	
Last 4 SSN (preferred)/School ID:	
Have you ever been employed by Novant Health? (select box)	<input type="radio"/> Yes <input type="radio"/> No
Have you served in the military? (select box)	<input type="radio"/> Yes <input type="radio"/> No
School Information:	
School:	
Program of study:	Graduation Date:
Supervising Faculty:	
Supervising Faculty Email Address:	
Supervising Faculty phone number:	
Rotation Service/Course Name:	
Rotation Dates:	Start Date    End Date
Total number of Hours:	
Rotation Facilities:	
<b>List the primary Novant Health facility/practice where you most likely will be rotating:</b>	
<b>List the secondary Novant Health facility/practice where you may be rotating:</b>	
Dimensions	
<input type="radio"/> Acute (inpatient) <input type="radio"/> Ambulatory (clinics/offices) <input type="radio"/> Both	
Supervising Physician/Preceptor:	
Preceptor's Name:	
Preceptor's e-mail address:	
Preceptor's Telephone #:	

### EDUCATION EXPERIENCE AGREEMENT

Novant Health (NH) allows certain students (“Students”) to participate in education experiences in NH 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, team members, 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 NH team members 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 review the [Mission, Vision and Values](#) information.
- I will follow the direction of my preceptor and remain with my preceptor at all times.
- I will work with my preceptor and others to make sure that my education experience is meaningful.
- I will observe proper hand hygiene and other infection control measures.
- In the event I am involved in an accident on NH property and need help, NH 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 NH team member or facility.
- I will not make or receive personal calls and/or text messages during the educational experience, 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 during non-educational time (breaks, lunch, etc.). Please make sure that your friends and family members are aware they should not call during the educational experience unless it is an emergency.
- I authorize NH and my educational institution to exchange a copy of my records, including health and immunization records.
- In the event that I am employed by NH, apply for employment at NH or provide services in any capacity to NH outside the scope of this clinical training program, I authorize NH to disclose the results of my Criminal Background Check, Office of Inspector General Report, Drug Screen and any other information related to my performance during this experience to Novant Health’s Human Resources Department and Employee Occupational Health Department if the results of those reports would disqualify me or otherwise impact my employment or other relationship.

Print Name of School:	
Student Printed Name:	
Student Signature:	
	Date:
Instructor/Advisor Printed Name:	
Instructor/Advisor Signature:	