

First Name: _____ Last Name: _____

UID: _____

Please bring all of the required forms plus your medical records of immunizations to your on-boarding session.

Paperwork and Required Forms:

- Coversheet and Acknowledgement Form
- Direct Referral Application
- Volunteer Agreement Form(s) *(Include UCLA Employee-Volunteer Agreement ONLY if you are a current/previous UCLA Employee)*
- Elder, Domestic, and Child Abuse Forms
- Patent Acknowledgement Form
- Signed COPY of SRP Contract *(ONLY if enrolled in SRP for assignment)*

Training Certificates (Certificates MUST BE PRINTED):

- HIPAA Privacy and Information Security Training Certificate 2 PAGES:
HIPAA: Date Completed _____ Reference Number _____
- CI-CARE Annual Online Training Certificate Reference Number _____
- Safe Patient Handling Training Certificate Reference Number _____
- Volunteer Services Training Certificate Reference Number _____
- Radiation Safety Training Certificate Reference Number _____
- Encryption Policy Training Temporary ID Number _____

Immunization Requirement Checklist:

- Medical Clearance form (ONLY if you are under 18 years old)
- UCLA Student Health Ashe Center Health Clearance Letter

TB – Tuberculosis Screening (Write the date next to the one you checked off):

Negative T-Spot BLOOD Test or Quanti-FERON-TB Gold Date (within 3 months): _____

OR

Negative TB Chest X-ray Date (within 3 months): _____ **AND** Proof of Positive TB BLOOD Test

Notes:

Reviewed By (Direct Referral Coordinator Signature): _____ Date: _____