

Steps in Completing the Training Modules for Volunteer Services:

STEP 1: Complete all questions until you reach this page



David Geffen
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UCLA Health System

Volunteer Services Training

Please enter your 9-digit Employee ID number or 5-Digit Physician ID:


Note: Contractors, students, volunteers and non-Health System staff will need to use a temporary ID.

If you need a temporary ID please [click here](#).

Your 9-digit Employee ID is displayed here:



STEP 2: Click on "temporary ID" (UNLESS you are a UCLA Employee) and fill out the fields



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Generate Temporary ID

Month and Year of Birth:

Affiliation:

First Name:

Middle Initial:

Last Name:

STEP 3: Please click "Correct, Continue" to confirm the information you put in is correct

Volunteer Services Training

Please confirm the following information is correct:

Month & year of birth:	01 / 1990
Name:	Bruin, Joe

Correct, Continue

Incorrect, Cancel

STEP 4: Click Continue in order to print the FINAL Certificate

Volunteer Services Training

Continue

Step 5: Click PRINT to print or view the FINAL Certificate



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Thank you for completing this training and certification process.

Click below if you would like a printed version of the certifications:

Print

FINAL STEP: Your Certificate for the training modules #1-#5 should look like this, please print or take a screen-shot of it as verification.



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Certificate of Completion



This is to certify that I,

Bruin, Joe

*have completed the University of California
Volunteer Services Training on*

Wednesday, May 25, 2016

at UCLA Health System

Reference No: 243590

FINAL STEP (Continued): Your Final Certificate for the (#6) ENCRYPTION POLICY TRAINING should look like this, please print or take a screen-shot of it as verification.



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UCLA Health

Use of Mobile Device and Removable Media Attestation

- 1. I have read Health Sciences Policy 9453C.
I understand and acknowledge that under HS Policy 9453C, I have a personal obligation to ensure that any Removable Media or Mobile
- 2. Device that I use for University Business is encrypted and password protected. I understand that Mobile Device is defined to include a laptop computer.
I understand and acknowledge the definition of "University Business,"
- 3. and I acknowledge that Policy 9453C applies to me, even if I do not use individually identifiable information or patient information in my work activities.
- 4. I have read the definition of "Encryption" in Policy 9453C and understand the process for validating encryption as set forth in that policy.
- 5. I understand and acknowledge that failure to comply with Policy 9453C may result in disciplinary action, up to and including termination; and that my Department will bear financial responsibility and I could be asked to bear financial responsibility for costs incurred due to my failure to comply with Policy 9453C.
- 6. I understand and acknowledge that if a Mobile Device or Removable Media that I use for University Business is lost or stolen I have an obligation to report the loss or theft to my Department Administrator and the Office of Compliance Services.

Employee ID:	123456
Name:	Bruin, Joe
Date:	5/25/2016