Student Registration:

George Regional Health System offers placement for students who are enrolled in academic healthcare and nursing education programs. Individuals who are not yet enrolled in a formal academic program may also participate in our job shadow program. Below, you will find instructions and guidelines for students at GRHS.

Please Note: Registration for student programs should be received at least *two weeks* in advance of the requested start date. ***An application does not guarantee placement and that availability may be limited.***

Student Requirements*:

1. Criminal history record check
    1. The Dean or Director of the program will ensure that the criminal history record check and fingerprinting are obtained prior to their students beginning a clinical rotation at George Regional Health System, and that the results are on file with the academic institution
    2. The healthcare academic professional/vocational technical academic program shall provide assurance to George Regional that the results of the student's criminal history would not prohibit the student from being able to conduct his or her clinical activities at the Hospital
2. Current BLS/ACLS/CPR *(if applicable)*
3. Proof of immunization (MMR, Tdap, Varicella, Hep B)
4. Negative 2 Step TB test (within the last 12 months)
5. Copy of Flu vaccine during flu season (Sept-March)
6. Copy of Covid vaccine and any boosters *(if received)*

**The academic institution is required to submit an attestation verifying the above. We do not collect health information on students.*

Student Registration (clinical and non-clinical)

All students enrolled in an academic program who wish to complete a rotation at George Regional must complete the following registration form.

Once you have submitted a completed registration form you will receive an email from us on how to proceed.

George Regional Health System

STUDENT INFORMATION SHEET

Please Note: Registration for student programs should be received at least *two weeks* in advance of the requested start date.
An application does not guarantee placement and availability may be limited.

PERSONAL INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____
STREET

_____ _____ _____
CITY STATE ZIP CODE

PHONE: _____

EMAIL ADDRESS: _____

BIRTHDATE: _____ GENDER: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____ PHONE: _____

ARE YOU A GRHS EMPLOYEE? ☐ YES ☐ NO

IF YES, IN WHICH DEPARTMENT/JOB TITLE? _____

VACCINATIONS

Will you be at George Regional as a student between October 1 and March 31? ☐ YES ☐ NO

Have you had a flu vaccination in the past 12 months? ☐ YES ☐ NO

Note - Students declining the flu vaccine must complete a flu declination form and must wear a mask during their clinical rotation when within 6 feet of any patient.

ACADEMIC & AFFILIATE INFORMATION

ARE YOU CURRENTLY ENROLLED IN A DEGREE PROGRAM? ☐ YES ☐ NO

NAME OF ACADEMIC INSTITUTION: _____

PROGRAM OF STUDY: _____

SPECIALTY/AREA OF INTEREST: _____

ANTICIPATED GRADUATION DATE: _____

ACTIVE AFFILIATION CONTRACT: Does your college currently hold an active clinical affiliation agreement with GRHS?

☐ YES ☐ NO ☐ UNKOWN

EMPLOYEEMENT: Have you accepted a post-graduation job offer or signed an employment contract?

☐ YES ☐ NO

(IF ANSWERED NO) Please describe future plans after graduation:

_____

_____

_____

ROTATION REQUEST DETAILS

REQUIRED HOURS FOR THIS SEMESTER? _____

REQUESTED PRECEPTOR/PROVIDER NAME *(Leave blank if requesting placement assistance):*

_____

REQUESTED DEPARTMENT/LOCATION? _____

ANTICIPATED START DATE: _____ END DATE: _____

AGREEMENTS & ACKNOWLEDGEMENTS

I certify that the information provided is accurate and that references may be checked.

- ○ I AGREE

I understand and agree to the following conditions:

- ○ I understand that an application does not guarantee placement and that availability may be limited
- ○ I will maintain confidentiality of patient, staff, and hospital information
- ○ I will not solicit business for attorneys or insurance companies on hospital property
- ○ I will uphold the policies and mission of George Regional Health System
- ○ I understand that my preceptorship may be terminated if I do not follow hospital policies

SIGNATURE: _____ TODAY'S DATE: _____