

(Name of Facility) Clinical Profile

Inland Empire Healthcare Education Consortium

1. School clinical placement coordinator or designee will contact the Education Coordinator at the assigned clinical agency by three weeks and no later than two weeks prior to the start of the rotation.
2. School clinical placement coordinator or designee is to complete the information below for each group/class schedule for each clinical rotation and submit to the clinical facility coordinator or designee. **All submitted paperwork must be completed prior to submission.**
3. Attach a list of the students' names.
4. All personnel (faculty and students) with patient contact are required to verify health screening/immunization compliance. Health documents and background check clearance information may be stored at the academic institution but should be available upon request to the healthcare agency. School shall retain records for at least five (5) years.
5. Site specific orientation information will be provided by the facilities and completed by the schools.
6. The following is the school's responsibility to verify and maintain.
 - Current Contract
 - Background Check
 - Drug Screening
 - Health Insurance
 - Immunizations (as described in the "IEHEC Explanation of Requirements" document)
 - Faculty Qualifications and Certifications

Rotation Information

School: _____ Clinical Coordinator: _____

E-mail: _____ Work: _____ Cell Phone: _____

Instructor Name: _____ E-mail: _____ Cell Phone: _____

Program: VN ADN BSN ELM Other _____ Course/Level: _____

Clinical Start Date _____ End Date _____

Clinical Days/Time _____ Assigned Units: _____

I certify that the **students** and **instructors** in this rotation meet the following requirements, as outlined in the Inland Empire Healthcare Education Consortium Health Requirement, and the Inland Empire Healthcare Education Consortium Non-Health Requirements, and that supporting documentation for verification purposes is maintained at this academic institution.

Signature of Preparer _____ Title _____ Date _____

Print Name of Preparer _____ Title _____ Date _____

