

Berkeley Medical Center (BMC) & Jefferson Medical Center (JMC)

The purpose of this form is to ensure that articles set forth in Academic Affiliation (AA) are completed and comply with regulatory bodies. (The Joint Commission, Corporate Compliance and HIPAA). **Students may not begin rotations/observations until all paperwork is received by the Education Department.** *Please submit a new form for each location and department/unit (unless capstone).* **Send signed form to:** allison.flynn@wvumedicine.org.

Name of School: _____ **Indicate BMC or JMC:** _____
Name of Program: _____ **Department/Unit:** _____
Semester & Year: _____ **Start & End Date:** _____
Requester Name: _____ **Days of Week (if same):** _____
Requester Email: _____ **Shift/Time Frame:** _____
Requester Phone: _____

Please list instructors & groups assigned below: <i>ex: Ann Wu (Grp 1 & 2)</i>		
1.	2.	3.
4.	5.	6.

Please list students (group #) & dates on unit: <i>ex: Ro Smith (Grp 1), 9/1 & 9/8</i>		
1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.
22.	23.	24.
25.	26.	27.
28.	29.	30.

Please initial each if you have verified the requirement is met for all listed above (must be done prior to start)

- _____ Student/instructor provided with Student Affiliation Code of Conduct – available on website: <https://wvumedicine.org/berkeley/programs/students/> (applies to both BMC & JMC)
- _____ Documentation of proper immunizations per CDC recommendations for healthcare workers (<https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>) r/t: MMR, Hep B, Varicella, Tdap, COVID- (booster not required at this time)
- _____ Documentation of influenza vaccine during flu season (required annually)
- _____ Documentation of current PPD or Chest X-ray with negative result (within previous 12 months)
- _____ Criminal Background Check
- _____ Urine Drug Screen with negative result
- _____ Student/Instructor are NOT on the excluded List of Excluded Individuals/Entities (LEIE)
- _____ School provided instruction in Standard Precautions/Blood Borne Pathogens PRIOR to first clinical day
- _____ Completion of Jotform onboarding
- _____ EPIC request form (if needed)
- _____ Badge/ Parking form – Clinical instructors only
- _____ **For Clinical Students/Instructors:** AHA HCP BLS CPR Certification – Current (if non-clinical, print “N/A”)
- _____ **For Clinical Instructors Only:** Current WV license confirmed, all other requirements above met

☐ By initialing this box and signing below, I declare that the information submitted is true and accurate, to the best of my knowledge. I attest that all students/instructors have completed the requirements set forth by the AA and that I am authorized by my organization to make this declaration. I understand that I am not required to sign electronically but must provide a signature for approval. I agree that my electronic signature legally binds me in the same manner as if I had signed in a non-electronic form and that electronic submission is legally enforceable as if the document was in its original form.

Name & Title: _____ **Signature:** _____
Email Address: _____ **Phone Number:** _____