



School Affiliation Roster (PCT)

Name of school: _____

Name of instructor: _____

Unit for affiliation: _____

Start date of affiliation: _____ End date: _____

Day(s) of the week and time(s) unit being utilized: _____

Instructions: Paperwork MUST be completed annually for both students and instructors. Please check/place score in appropriate box. Attach all paperwork (signed forms and tests) to roster. All paperwork must be received by the end of the first clinical day. Return to Jennifer DiNoto/Renee Zink (jdinoto@valleyhealth.com / rzink@valleyhealth.com, 201-447-8049) Nursing Professional Development, LL Ridgewood Campus.

	Instructions: Paperwork MUST be completed annually for both students and instructors. Please check/place score in appropriate box. Attach all paperwork (signed forms and tests) to roster. All paperwork must be received by the end of the first clinical day. Return to Jennifer DiNoto/Renee Zink (jdinoto@valleyhealth.com / rzink@valleyhealth.com, 201-447-8049) Nursing Professional Development, LL Ridgewood Campus.											
Name (Please print)	Clinical Experience (COVID) Questionnaire and Acknowledgment Form	Student/Faculty Statement of Confidentiality	Corporation Compliance Certification (✓)	Products for Sharps Safety (✓)	Statement of Code of Ethics (✓)	Self Learning Module Post Test (Score)	Influenza Vaccination Form completed (instructor and students)	COVID CARD	BADGE #	Badge Returned		
Instructor:												
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												