

School Affiliation Roster (RN)

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: \_\_\_\_\_

| <p><b>Instructions:</b> Paperwork <b>MUST</b> be completed annually for both students and instructors. Please check/place score in appropriate box. <b>Attach all paperwork (signed forms and tests) to roster.</b> All paperwork must be received by the end of the first clinical day. Return to Jennifer DiNoto/Renee Zink ( <a href="mailto:jdinoto@valleyhealth.com">jdinoto@valleyhealth.com</a> / <a href="mailto:rzink@valleyhealth.com">rzink@valleyhealth.com</a>, 201-447-8049) Nursing Professional Development, LL Ridgewood Campus.</p> |   |  |  |                                |                                 |  |   |  |            |         |                |  |
|---|---|--|--|--------------------------------|---------------------------------|--|---|--|------------|---------|----------------|--|
| Name<br>(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 (✓) | Mandatory Insulin Education Post Test ( <b>Score</b> ) | Self Learning Module Post Test ( <b>Score</b> ) | Influenza Vaccination Form completed instructor/student) | Covid Card | Badge # | Badge Returned |  |
| <b>Instructor:</b>  |   |  |  |                                |                                 |  |   |  |            |         |                |  |
| 1.  |   |  |  |                                |                                 |  |   |  |            |         |                |  |
| 2.  |   |  |  |                                |                                 |  |   |  |            |         |                |  |
| 3.  |   |  |  |                                |                                 |  |   |  |            |         |                |  |
| 4.  |   |  |  |                                |                                 |  |   |  |            |         |                |  |
| 5.  |   |  |  |                                |                                 |  |   |  |            |         |                |  |
| 6.  |   |  |  |                                |                                 |  |   |  |            |         |                |  |
| 7.  |   |  |  |                                |                                 |  |   |  |            |         |                |  |
| 8.  |   |  |  |                                |                                 |  |   |  |            |         |                |  |
| 9.  |   |  |  |                                |                                 |  |   |  |            |         |                |  |
| 10.   |   |  |  |                                |                                 |  |   |  |            |         |                |  |