

Online Student and School Educator Health Authority Orientation Checklist

Students and school educator must complete this checklist and maintain currency of all applicable pre-requisites to be eligible for practice education placements. Click on the blue links to access the CCRS course. As per the [Practice Education Guidelines](#), educational institutions are expected to maintain records of completion for each pre-requisite identified below. Print this form and submit with supporting documentation to your school and retain a copy for your records. It is your responsibility to re-submit an updated checklist as required.

Personal Information

Legal Last Name:		Legal First Name:	
Your school domain email:		Phone:	
School:		Program:	
Student: <input type="checkbox"/>	Program Start Date:		
Educator: <input type="checkbox"/>	Projected Date of Completion:		

All Health Authorities

Pre-requisites	Dates Completed (mm/dd/yy)
Criminal Records Check (renew every 5 years, and upon any subsequent charge or conviction)	
Student Practice Education 'Core' Orientation (SPECO, valid duration of program, Health Authority New Employee Orientation completed in the past two years meets the SPECO requirement)	
Waste Management Basics Learning Module (valid for duration of your program)	
WHMIS Core Elements (initial completion) WHMIS Refresher (required every 2 years)	
Provincial Hand Hygiene (renew annually)	
Infection Prevention and Control (point-of-care practice, required every 2 years)	NA: <input type="checkbox"/>
Code Red Online Course (renew annually)	
Violence Prevention On-line (8 modules for clinical staff as part of SPECO)	
Immunizations (update as required by Practice Education Guidelines for BC)	
CPR (as required by your program, renew as per school requirements)	NA: <input type="checkbox"/>
Fit Testing (renew annually, provided by your school)	NA: <input type="checkbox"/>
Flu Shot (update annually for all students entering client/resident/patient areas)	

Health Authority (HA) Specific

Pre-requisites	Dates Completed (mm/dd/yy)
It is your responsibility to complete Health Authority specific pre-requisites and a confidentiality forms. Click the link below for more information. Fraser Health Authority	
Interior Health	
Providence Health Care	
Provincial Health Services Authority	
Vancouver Coastal Health Authority	
Vancouver Island Health Authority	

I agree that by completing the checklist and signing this form I have met the mandatory pre-requisites in preparation for my practice education placement. In addition, I am aware that each health authority and placement site/location will have specific policies and additional information that I must review and understand prior to commencing practice education activities.

Signature _____

Date _____