

Directions for completing the student programs requirements for observation less than 16 hours student packet:

-Item #1- Letter of Agreement & Certificate of Insurance. This is your school's responsibility to ensure there is an established Educational Institutional Letter of Agreement and certificate of insurance is on file.

-Item #2- Student Information Sheet. Please save the form to your computer before including it in the packet or the form can be printed and completed.

-Item #3- Non-Novant Health worker module documents. The following documents are found at the completion of the orientation module. You will need to sign each of the documents:

- Non-NH worker confidentiality agreement
- Non-NH worker education roster
- Tobacco free campus acknowledgement-There is a section on this form that asks for ID #. Please leave this space blank.

-Item #4-Observational Experience Agreement. This form needs to be signed by your parent/guardian in addition to your signature if you are a minor.

-Item #5 Immunizations.

- **COVID-19 Vaccine-** Complete vaccination series of any of the three vaccine products:
 - Johnson & Johnson (Janssen) – Single dose
 - Pfizer-BioNTech – Two doses, 21 days apart
 - Moderna – Two doses, 28 days apart
- **Influenza-** Current seasonal vaccination for rotations from October-April.

***NOTE:** All the required documentation must be submitted in one complete packet sent directly from the school to NH student programs at studentprograms@novanthealth.org All documents should be submitted at least 4 weeks (30 days) before start of rotation. All packets must be completed and submitted by the school coordinator.

Directions: 1) Save a copy of this document to your computer, 2) input the information, and 3) then submit electronically to your Instructor/Advisor

Student Information Sheet (All fields must be completed and are mandatory)

Today's Date:	
Name (enter first, middle & last):	
Street Address (include city, state, and zip code):	
Telephone #:	
School e-mail address:	
Gender: (select box)	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary
Race: (select box)	<input type="radio"/> American Indian <input type="radio"/> Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Pacific Islander <input type="radio"/> Other <input type="radio"/> White/Caucasian
Date of Birth:	
Last 4 SSN (preferred)/School ID:	
Have you ever been employed by Novant Health? (select box)	<input type="radio"/> Yes <input type="radio"/> No
Have you served in the military? (select box)	<input type="radio"/> Yes <input type="radio"/> No

School Information:

School:	
Program of study:	Graduation Date:
Supervising Faculty:	
Supervising Faculty Email Address:	
Supervising Faculty phone number:	
Rotation Service/Course Name:	
Rotation Dates:	Start Date End Date
Total number of Hours:	

Rotation Facilities:

List the primary Novant Health facility/practice where you most likely will be rotating:

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List the secondary Novant Health facility/practice where you may be rotating:

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Dimensions Acute (inpatient) Ambulatory (clinics/offices) Both

Supervising Physician/Preceptor:

Preceptor's Name:	
Preceptor's e-mail address:	
Preceptor's Telephone #:	

Novant Health Observation Experience Agreement

Novant Health (Novant) allows certain individuals (“Observers”) to participate in observation experiences in Novant facilities in an effort to assist the Observer in achieving educational objectives and/or to promote interest in health careers. In order to protect the safety and welfare of the patients and employees, as well as myself, I agree as follows:

- I will treat patients, visitors, employees and physicians with respect. Patients have the right to refuse to allow me to observe their care and I will honor that.
- I will cooperate with Novant staff in arranging the dates, times and length of my observation experience.
- I will not touch any patient or equipment. I will not counsel or give a directive to any patient. I will not perform, or help perform, any patient care activity.
- I will follow the *Confidentiality Agreement* and hold all information I learn about patients in strict confidence. I will review the [Mission, Vision, and Values](#) information.
- I will follow the direction of my preceptor and remain with her/him at all times.
- I will work with my preceptor and others to make sure that my observation experience is successful
- I will observe proper hand hygiene and other infection control measures.
- I will follow the Infectious Disease policies attached to the *Health Evaluation*. If I have a fever, cough, or think I may be ill, I will call the department where I am scheduled to observe and cancel my observation experience.
- I will follow the *Student Dress Code* and will wear an Identification Badge prominently at all times during my observation experience.
- I will be on time. I will remember to bring money for lunch and parking fees.
- In the event I am involved in an accident on Novant property and need it, Novant will provide access to first aid or emergency care. If I am seen in the Emergency Department, I will be charged normal Emergency Department fees.
- I am responsible for my own actions while I am participating in the observation experience, including any negligent or intentional acts that may result in a claim against a Novant employee or facility.

Observer Printed Name:	
Observer’s Signature:	
	Date:
Parent/Guardian Printed Name:	
	Date:
Parent/Guardian Signature (if Observer is a minor):	
	Date: