**81st MEDICAL GROUP**

**SHADOW/TAA/MEDICAL STUDENTS/OTHER**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start/Stop Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information / Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In processing checklist must be completed and turned in to the Education and Training Office**

**prior to start of clinical/shadowing day.**

**SECTION INITIALS DATE**

**Visitor’s Center 1**. **Obtain base visitor’s pass**

(228) 377-3844 - Located at the White Avenue main gate, just off US HWY 90

6 a.m. to 5 p.m. M-Th - You will need proof of auto insurance, vehicle registration, &

& 6 a.m. to 4 p.m. Fri valid driver’s license to obtain a temporary pass to drive on base.

- POC/Preceptor will be responsible for obtaining base pass **\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_**

**Education & Training 2. Hospital Orientation**

Mrs. Johnson - 81MDG Overview

(228) 376-4347 - Safety

Room GC600 - Security

- Emergency Procedures

- Infection Control

- Military Customs **\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_**

**3. Keesler HIPAA Briefing**

Sign/Date Certificate & Turn into Ed&Trg **\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_**

**4. Provide proof of CPR/BLS certification and currency \_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_**

**5. Signed copy Shadow Confidentiality Agreement/HIPPA**

**Preceptor Agreement** (Only Required if Shadowing) **\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_**

**Immunizations 6. Provide proof of immunizations**

(228) 376-3552 **-** Hep B, MMR, Tetanus, Diphtheria and TB skin test **\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_**

Room GC126

**GME**  **7. Signed copy of the Training Affiliation**

Ms. McCrum **Student** **Agreement Addendum \_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_**

(228) 376-3082

5th Floor Room 5A167

**Security Manager 8. Provide proof of background check**

(228) 376-5018 - If volunteer will be providing care for children under the age of

4th Floor Room 4A220 18 on a frequent and regular basis or emergency services, the

volunteer must submit to a comprehensive background check

IAW DODI 1402.5, Enclosure 6. (NOTE: The AFMS defines

frequent and Regular as a patient workload of greater than 20%

under the Age of 18 based on empanelled population or historical

clinical Information.) (4th floor, room 4A220) **\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_**

**Medical Systems 9. Computer Access/Help Desk (room # 4B-110) \_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_**

(228) 376-4510

4th Floor Room 4B110

**Facility Keys & Badges 10. Obtain hospital badge** (Facility Keys, Badges, Resource Protection)

(228) 376-3064 - Must be turned in to Ed&Trg upon completion of clinical rotations  **\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_**

Room GA142

**In processing checklist must be completed and turned in to the Education and Training Office**

**prior to start of clinical/shadowing day.**

**Essentris 11. Obtain access \_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_**

(228) 376-30

Room 4A124

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ed&Trg Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Name | Initials |
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