

(SPECO) Student Practice Education 'Core' Orientation Checklist

All students/faculty/residents participating in practice education in a health authority must complete this checklist and maintain currency of all applicable pre-requisites.

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.

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:

Student Practice Education 'Core' Orientation (curriculum)

Introduction to Student Practice (valid for duration of your program) (Introduction, Privacy, Safety at Work, MSIP)	
Violence Prevention - 8 modules (valid for duration of your program)	
Violence Prevention Classroom Training May be required for high risk areas. Check with your schools and/or health authority website.	NA: <input type="checkbox"/>
Provincial Code Red - Fire Safety Training (Acute & Residential Facilities) (renew annually)	
Provincial Hand Hygiene Basics - PICNet	
Infection Prevention and Control Practices for Direct Clinical Care Providers (renew every 2 years)	
Waste Management Basics (valid for duration of your program)	
WHMIS 1988 (valid for duration of your program)	
WHMIS 2015 Provincial Course (valid for duration of your program)	

Pre-requisites - all Health Authorities

Criminal Records Check (renew every 5 years, and upon any subsequent charge or conviction)	
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)	NA: <input type="checkbox"/>
Flu Shot (update annually)	

Health Authority (HA) Specific Pre-requisites

It is your responsibility to complete Health Authority specific pre-requisites and a confidentiality form. Click the link below for more information.	
First Nations Health Authority	
Fraser Health Authority	
Interior Health	
Island Health Authority	
Northern Health Authority	
Providence Health Care	
Provincial Health Services Authority	
Vancouver Coastal Health Authority	

I agree that by completing the checklist and signing this form I have met the mandatory pre-requisites and confidentiality form 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
