## Mississippi Baptist Medical Center

## Student and Instructor Requirements for On Campus Experience

Instructor Name:	School Name:
Student Name:(Please print)	Clinical start Date:
-	lease complete the following checklist for each group's paperwork at the same time with a cover al area, and instructor name.
<ul> <li>Students and Instructors have comple</li> <li><a href="https://www.baptistonline.org/emple">https://www.baptistonline.org/emple</a></li> </ul>	eted MBMC Online Orientation oyees/mbmc-student-and-faculty-orientation
<ul> <li>Proof of Complete COVID vaccination to the MBMC representative coordin</li> </ul>	n is required as of October 31, 2021. Please turn in ating your experience.
☐ Covid-19 education has been comple	ted at the school. (For your records)
<ul> <li>Donning and Doffing understanding here</li> </ul>	has been completed at the school (For your
☐ Hand Hygiene education has been co	empleted at the school (For your records)
<ul> <li>Flu Vaccine record. Please turn into texperience.</li> </ul>	the MBMC representative coordinating your
<ul> <li>Student Online Orientation Signature representative coordinating your exp</li> </ul>	e pages. Please turn a copy into the MBMC perience.
Nursing Student Navigators, Education Resource Ruth.Travis@bmhcc.org; Brandi.Morris@bmhcc	e Center, <u>Hanna.Bilbro@bmhcc.org;</u> c.org; Tina Magers, PhD, NPD-BC, Director of Education,

Education Resource Center: 601-968-4186

Education Resource Center, tina.magers@bmhcc.org