

Bert Fish Medical Center
Instructor Record

Instructions: This form must be completed and signed by a school official for each instructor who will be assigned to Bert Fish Medical Center. Please return this form and the forms listed below that must be completed and signed by the instructor to:

Cindy Sayre, Staff Development Coordinator
Bert Fish Medical Center
401 Palmetto Street
New Smyrna Beach, FL 32168

Instructor Name _____ Last 4 digits of SSN _____

Address _____
Street City State Zip Code

Home Phone Number _____ Beeper/Cell _____

School Name _____ Instructor's Supervisor _____

Affirmation Statement: I affirm that the following has been completed for this instructor and the records are on file at _____ (name of school/location)

- ✓ Up-to-date Immunization Record for Measles, Mumps and Rubella (Varicella x2 or documented immunity)
- ✓ Evidence instructor is free of communicable disease, i.e. Tuberculosis.
- ✓ Evidence of Hepatitis B vaccination or a declination statement signed by this instructor.
- ✓ Proof of Personal Accident Insurance Policy
- ✓ Proof of Professional Liability Insurance Policy
- ✓ Education Verification (highest level)
- ✓ Professional License Verification
- ✓ Certifications & Designations Check
- ✓ Professional Disciplinary Action Search
- ✓ Satisfactorily completed background investigation in accordance with current affiliation agreement that includes the following:
 - Social Security Number Verification
 - Criminal Search (7 years or up to 5 criminal searches)
 - Employment Verification to include reason for separation and eligibility for re-employment for each employer
 - Violent Sexual Offender and Predator Registry Search

This attestation is provided in lieu of providing a copy of the background investigation report. The school agrees to an annual compliance audit by the hospital of the instructor's background investigation files.

Signature _____ Date _____
(School Representative)

Forms to be completed and signed by the instructor and submitted with this form:

- [] Signed Code of Conduct/Corporate Compliance Program Statement of Receipt and Acknowledgement
- [] Signed Statement of Responsibility
- [] Completed and scored Orientation Self-learning Packet Post-test for each student (School is responsible for administering and scoring the post-test unless prior arrangements have been made for hospital personnel to administer. Quiz Key available through BFMC Staff Development Coordinator).