



Faculty/Instructor Form

Name

Date

First Name

Last Name

Month

Day

Year

Date of Birth (MM/DD/YYYY)

Gender

Address

Phone Number

Street Address

City

State

Zip Code

**Do you have a
Professional License
number?**

Yes

No

**Have you taught/trained
at Zuckerberg San
Francisco General
Hospital before:**

Yes

No

**If yes, please indicate the
Date and Department**

Affiliated School

Please only include the applicable degree for what you will be instructing.

School Name

School Address

City

State

Area of Study/Practice

Type of Degree

1. Approved School

2. Approved Program

Yes

No

Yes

No

3. Start Date

4. End Date

Month

Day

Year

Month

Day

Year

5. Course Title

6. Course Objectives
attached

7. Total # of Credits/Units

Yes

No

n/a

8. School Contact Name

Title:

First Name

Last Name

School Contact E-mail

Phone Number

School Contact License Number (if applicable)

Instruction Role

1. ZSFG Department/Clinic/Unit

2. Instructor Schedule/Shift

3. Department specific Instructor Responsibilities/Course

Signature of a Zuckerberg San Francisco General Hospital (ZSFG) employee or preceptor named below indicates the student and instruction arrangements have been agreed upon by both parties. Preceptor is the ZSFG contact and the signature below indicates the needs for faculty/instructor campus access.

4. Preceptor Name

5. Preceptor E-mail

6. Preceptor Phone Number

Preceptor Signature

Health Requirements

Faculty/Instructor(s) are required to provide proof of immunizations, screening and/or titers of below BEFORE starting placement. Although not required, we strongly recommend Hepatitis B screening and vaccination. For clinical students, health screening is required at the beginning of every clinical rotation. Complete below and show proof to the preceptor/SFGH STAFF. Actual records are not needed; do not attach.

Provide Date(s) for the following:

*Contact Department of Education & Training to see if it is an active flu season. Typically the flu season is from Fall through Winter.

Rubeola (Measles)

Rubeola (German Measles)

Mumps

Varicella

Seasonal Flu

Tuberculosis

Emergency Contact

Please provide a contact person in case of an emergency while on the Zuckerberg San Francisco General Hospital (ZSFG) campus or affiliated campus

Name

Relationship

First Name

Last Name

Phone Number 1

Phone Number 2

Oath of Confidentiality

As a condition of clinical placement, conducting research, a student internship or the observation of patient care at Zuckerberg San Francisco General Hospital and Trauma Center, I agree not to divulge any information obtained in the course of such training or research to unauthorized persons, and not to public or otherwise make public any information regarding persons who have received services such that the person who received services is identifiable. I further agree not to divulge or public general patient information or statistics without prior authorization from my preceptor or hospital administration. I further agree to hold in strict confidentiality all matters discussed in Medical Staff of hospital committee meetings to which I might be privy. I recognize that the unauthorized release of confidential information may make me subject to civil action under provisions of the Welfare and Institutions Code.

Signature

Date

Month

Day

Year

Faculty/Instruction Declaration

I certify that the information provided on this form is true, accurate and complete. I agree to provide the immunization/screening records upon the hospital's request. I understand that any false information will cause my disqualification in any programs on the Zuckerberg San Francisco General Hospital (SFGH) campus and affiliated clinics. I recognize that all confidential information obtained or observed at ZSFG is in confidential nature. I agree, that at all times, to ensure the confidentiality of all sensitive information I have contact with, comply with applicable laws and maintain patient privacy. I understand that failure to comply with any of the above requirements may result in cancellation of my instruction agreement. I further attest that I have received appropriate written material and introduced to the hospital and the appropriate department/unit/clinic protocol and standards.

Signature

Date

Month

Day

Year

Submission

Submit forms addressed to Student Placements (scanned forms are acceptable as original documents) to your assigned preceptor, ZSFG staff contact or department. If you have any questions regarding this form, contact your preceptor (preferred) or Department of Education and Training at 628.206.4655
