# Student Check In/Out

**(Interns and Externs)**

Name: _____ Clinic and Dept. Assigned: _____

School and Program: _____ Internship Dates: _____

**CHECK IN DATE:**

| Initial/Date | Point Of Contact | Building/Room | Comments |
|---|---|---|---|
| | Human Resources: Personnel Assistant 474-0132 | 1750/HR | |
| | Security Clearance: Security Assistant 474-4266 | 1750/HR | |
| | Command Access Card (CAC) | PSD | *make appointment https://rapids-appointments.dmdc.osd.mil |
| | Command ID Card: HRD Staff | 1750/210 | |
| | Medical Staff Services (Credentials) 471-1866 | 1750/218 | Bring two forms of government ID |
| | AHLTA Training: IMD 471-5491 | 1750/224 | Training for all medical personnel except dental, radiology, pharmacy techs and admin |
| | CHCS Training: IMD 471-1862 / 471-5891 | 1750/224 | |
| | CHCS/AHLTA account: IMD 471-1862 / 471-5891 | 1750/224 | To be set up after CHCS training completed |
| | LAN account: IMD 471-1862 | 1750/224 | |
| | Support Agreement Manager (SAM) 474-4192 | 1750/156 | |
| | Occupational Health Nurse 474-4242 x403 | 1750/131 | Date: Time: |
| | HIPAA Coordinator/Patient Admin 473-2444 x533 | 1514 | |
| | CPR Card | | Expiration Date: |
| | HIPAA Certificate | | Date Completed Class: |
| | Blood Borne Pathogens Certificate | | Date Completed Class: |

**CHECK OUT DATE:**

| Initial/Date | Point Of Contact | Building/Room | Comments |
|---|---|---|---|
| | Human Resources: Personnel Assistant 474-0132 | 1750/HR | Date Collected CAC:<br>Date Collected Command ID:<br>Date Collected Temporary Base Pass: |
| | Security Clearance: Security Assistant 474-4266 | 1750/HR | |
| | Medical Staff Services (Credentials) 471-1866 | 1750/218 | |
| | CHCS/AHLTA account: IMD 471-1862 | 1750/224 | |

**AFTER ALL SIGNATURES OBTAINED SEND CHECK-IN SHEET TO: HR Personnel Assistant**
**Fax # (808) 471-5476 or scan then email to: nhch - hrd@med.navy.mil**