

# HONORHEALTH Military Partnership

## Trauma Training / Readiness Skills Sustainment Training Program

### CHECKLIST OF ALL REQUIRED DOCUMENTATION

(As Of March 2019)

Please complete the following checklist to register for the HonorHealth Military Partnership Trauma Training/ Readiness Skills Sustainment Training Program. Please return completed checklist and associated documents via email to [Lenore.portante@honorhealth.com](mailto:Lenore.portante@honorhealth.com). A confirmation email will be sent upon receipt.

1. Date that this checklist was submitted to HonorHealth Military Partnership.
2. POC name, title and contact information including civilian phone number as well as civilian and military email addresses.
3. Unit Commander Name and contact information including civilian phone number as well as civilian and military email addresses.
4. Training Officer/NCO name and contact information civilian phone number as well as civilian and military email addresses.
5. Chief Nurse Name and contact information including civilian phone number as well as civilian and military email addresses. (Air Force Reserve/Active Duty only)
6. List of personnel to register for classes including their name, rank, AFSC / MOS, and dates they will be attending class. Please note if they will not be attending class for the entire 2 weeks.
7. Primary and secondary class dates requested for each student.
8. **Required Documentation** – HonorHealth **Military Health Form - Infectious Disease Screening & Immunization Status** form for each student. (**See email attachment.**) This is a fillable form. DO NOT submit an individual vaccination record; transcribe the required information on to this HonorHealth form. TB test /Quantiferon blood test results that has been performed within the last 12 months. If you tested positive for TB, include a copy of your INITIAL negative chest X-Ray report.
9. **Required Documentation** – BLS/ACLS card for each student.
10. **Required Documentation** – Proof of Respirator Fit testing within the past 12 months prior to the start of the first day of class.
11. **Required Documentation** – Maricopa Integrated Health System (MIHS) Student Orientation Guidelines Signature Page – **ONLY** for RNs and medics. Include military email address. (**See email attachment.**)
12. **Required Documentation** – Maricopa Integrated Health System (MIHS) Acknowledgement of Confidentiality (HIPAA) – **ONLY** for RNs and medics. (**See email attachment.**)
13. **Required Documentation** – Current NR-EMT card only for medics.
14. **Required Documentation** – Current Registered Nurse state license only for RNs.
15. **Physician's Assistants** – Please contact Lenore Portante for more information on specific required documentation.