

Instructor LiveScan Form

Harbor-UCLA Medical Center
Department of Nursing
Nursing Resources

Background Check / Life Scan Request
Affiliate School Faculty

Date _____

Faculty Name _____ School _____

Affiliation Start Date _____ Affiliation End Date _____

Student LiveScan Form

Harbor-UCLA Medical Center
Department of Nursing
Nursing Resources

Background Check / Life Scan Request
Affiliate School Nursing Student

Date _____

Student Nurse Name _____ School _____

Affiliation Start Date _____ Affiliation End Date _____

Name of Faculty _____