



NAVAL MEDICAL CENTER SAN DIEGO WELCOME ABOARD PACKET

We are pleased you have selected Naval Medical Center San Diego (NMCS D) for clinical rotations. To facilitate this experience, you must complete the following training requirements and ensure you and your students bring the mandatory documentation to orientation. Failure to do so may delay clinical rotations. **Only American citizens** are allowed to supervise and perform clinical rotations at NMCS D. This is not a reflection on anyone or their nationality, but is related to the Department of Defense security restrictions.

A. Access to Base

Base access will only be submitted once consortium request is approved and contact has to made with HM3 Dinius-Zuniga and an orientation date has been set. All necessary paperwork must be submitted at least three weeks prior to first day of clinical rotation. Please do not proceed to the pass and decal office until you have been instructed to do so because access is not always granted. Your name will be submitted to security office at NBSD Pass and Decal prior to your orientation date.

*Nurse Practitioner students please contact HM3 Dinius-Zuniga prior to beginning your orientation process.

Before your orientation date and after your instructor informs you, proceed to Naval Base San Diego (NBSD) Pass and Decal. NBSD Pass and Decal is NOT on NMCS D base. The address is below but GPS directions may be inaccurate so please see the map at the end of this packet. You are required to provide two forms of identification at the pass and decal office (EX: Passport, Driver's license, school ID w/ photograph). Also please complete the **SECNAV 5512/1** form available on <http://www.sdnsec.org/>. All SECNAV 5512/1 forms must have a **Full social security** number and **two** forms of Identification and the second page must be **signed** or the base request **WILL** get denied. They must be typed or written in BLACK ink. The nurse consortium coordinator is not responsible for filtering through the SECNAV forms for accuracy. Forms shall be scanned individually, submitting forms compiled into a large single document (PDF or JPEG) **will not** be accepted. To insure that missing information on one student's form does not cause the entire clinical group to be denied. Naval Base San Diego will conduct a background check, this background check is SEPARATE from the one given by the educational institution. For each clinical rotation group, HM3 Dinius-Zuniga will need a completed SECNAV 5512/1 form for each student, Student Orientation Record, and background clearance letter from the university, it must have each individual's name that requires base access, including instructors. On the SECNAV form under *sponsor* please write *HM3 Dinius-Zuniga*. Please allow a minimum of 14 working days for the Pass and Decal office to process all requests. Denial of an individuals base request is subject to the accuracy of the information on the SECNAV form and background clearance results. The NMCS D nurse consortium coordinator does **NOT** get notified of background clearance results due to the sensitivity of the information. NBSD security does not send a confirmation of approved requests. Please wait the recommended amount of time and

then proceed to the security office. All SOR forms must have the names off all students that will be completing their rotation at NMCS D. Please also specify the location of where the students will be during their rotation, it must match approved consortium request . Specific start and end dates must also be annotated on the SOR form.

*If you're Active Duty a SECNAV 5512 form does not need to be completed.

If you're a Reservist or have a Dependent ID or Retired Military ID you **MUST also complete a SECNAV form and will need to go to NBSD to get a base pass.

NBSD Pass & Decal
3101 Harbor Drive
San Diego, CA 92136

Hours of Operation: 0730-1500
Monday-Friday except Federal Holidays
Phone: (619) 556-1653

B. Required documentation to bring to orientation:

- Government issued ID (Drivers License, Passport, Military ID).
- Cyber Awareness Challenge training completion certification. Please verify that all certificates have a Name and Date. Blank Certificates will **NOT** be accepted. (Refer to Appendix A)
- A black ink pen.

C. Clinical Instructor Responsibilities:

1. Ensure the educational institution has submitted a background clearance letter and a SOR form for you (the instructor) and your students **21 working days prior** to orientation. (Note: The sooner the paperwork is in the quicker we can schedule an orientation day.)
2. Make an appointment for student orientation **prior** to the start of their clinical rotation.
3. Ensure the students have the following documents the day of orientation:
 - Cyber Awareness Challenge Training Certificate
 - One form of Government Identification such as Passport and Drivers License.
 - The DBIDS ID card received from the Pass and Decal office.

D. The Nursing Affiliation Coordinator will meet you at a designated area on orientation day and complete the following:

1. NMCS D Policies and procedures will be explained, access to computers, assign hospital badges, and conduct HIPPA training.

E. Gate Access and Parking

- Students and instructors can park in the City Parking Lot located on Park Boulevard and Presidents Way. There is a white bus that can drive you onto base.
- To enter NMCS D the students will need to pick up their "student/volunteer ID" from the NBSD Pass and Decal office prior to clinical rotation. (DBIDS ID card) (Refer to section A)
- If students do not have their DBIDS ID they cannot be escorted onto the base due to the pending background check that must is being completed by 32nd Street Pass and Decal.

F. After Completion of Clinical Rotation

- Each individual issued a token card must return it PRIOR to the completion of their clinical rotation to the Nursing Consortium Coordinator.
 - The DBIDS ID cards must be returned back to 32nd Street Pass and Decal office.
 - The issued hospital ID badge must be returned to Building 26 Badge Office at NMCS D.
- ** Accomodations will not be made for individuals returning items late and no longer having access to base. Failure to comply and return items and completed Checklist Return Agreement will result in student not being able to return to NMCS D and notification to NCIS for loss/theft of government property.

G. Command Point of Contacts

If you have any questions, please contact the Nursing Consortium Coordinator (Mon-Fri 0730-1500) for assistance:

*Email is the preferred method of contact.

- a. HM3 Dinius-Zuniga, Eugenia
 - 1) Phone number: (619) 532-7900
 - 2) Email address: Eugenia.v.diniuszuniga.mil@mail.mil

Appendix A: Cyber Awareness Challenge Training Guidance

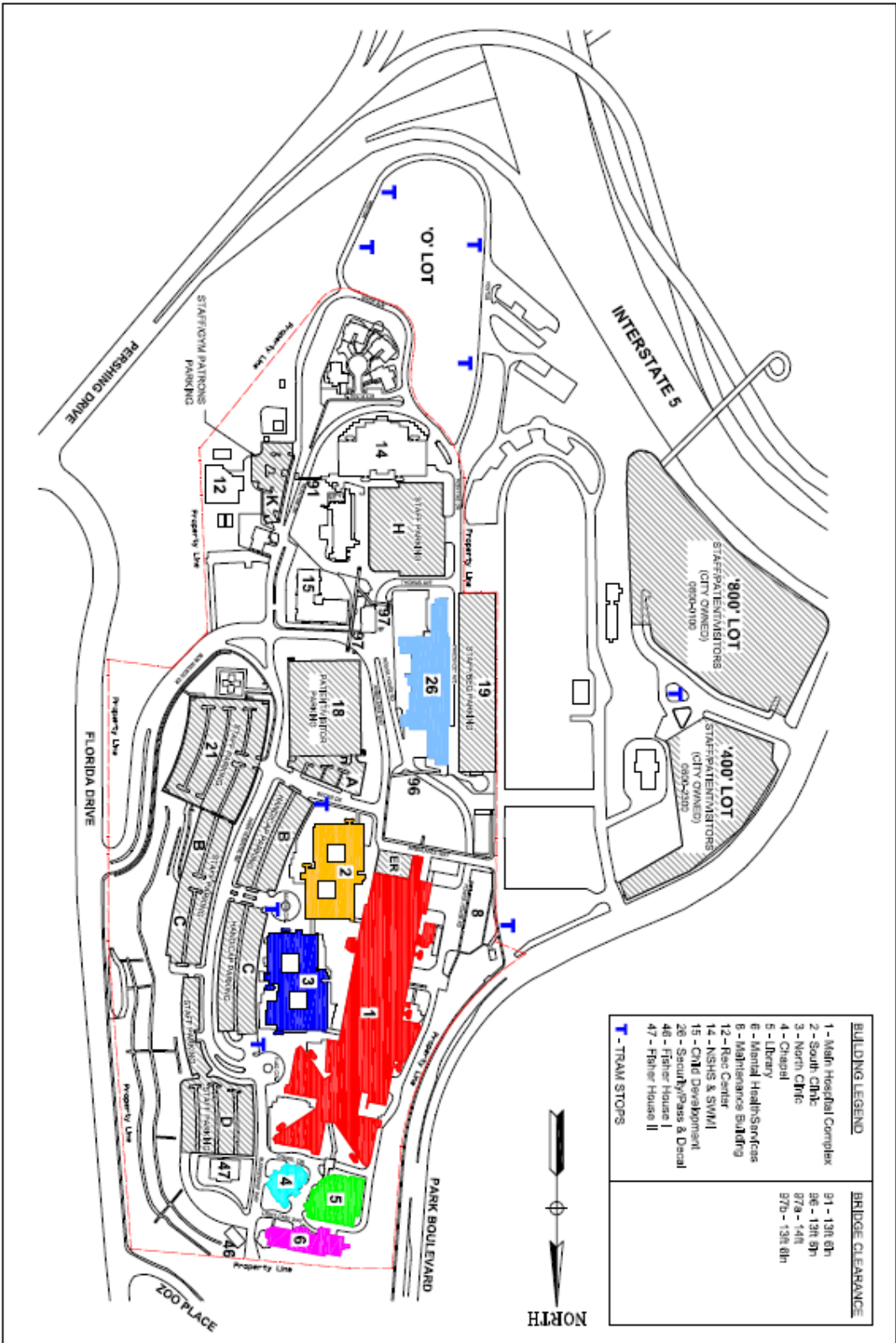
** Individuals will NOT be granted computer access without proof of completed training!

1. To complete the Cyber Awareness (most recent for Department of Defense Employees. You will need a computer with internet access, Microsoft application, and a printer. MAC will *not* work in accessing website unless you use Firefox.
2. Proceed to the following website:

<https://public.cyber.mil/training/cyber-awareness-challenge/>

3. You will be greeted with the Cyber Awareness page and under Department of Defense Employees, click Start/Continue Cyber Awareness Challenge. PLEASE NOTE, if you do the training on this website, IT WILL NOT BE RECORDED. You will need to save the certificate as an electronic document. Please print it and bring with you to the orientation. Please refrain from e-mailing the certificate to the nurse consortium coordination due to the large volume of documents already being processed.
4. Print the Course Completion Certificate at the end of this course. If you close the browser without printing or saving the certificate you **will** be required to re-do the entire course! *Bring this certificate to orientation.* Verify your name and date is on the certificate. Blank certificates **WILL NOT** be accepted. Computers are not provided during orientation date for completion of cyber awareness training

NAVAL MEDICAL CENTER, SAN DIEGO



BUILDING LEGEND	BRIDGE CLEARANCE
1 - Main Hospital Complex	91 - 130' 0"
2 - South Clinic	96 - 130' 0"
3 - North Clinic	87A - 140'
4 - Chapel	87D - 130' 0"
5 - Library	
6 - Mental Health Services	
8 - Maintenance Building	
12 - Rec Center	
14 - NSHS & SWM	
15 - CMO Development	
26 - Security/Pass & Desal	
46 - Fisher House I	
47 - Fisher House II	
T - TRAM STOPS	

Public Parking: Veterans Memorial Center Building

For access to:
Naval Medical Center
34800 Bob Wilson Drive
San Diego, CA 92134

Non-military, family members or employees are NOT allowed to park onboard NMCS D campus during day shift. Public parking for the City Lots has Trams or Shuttles that will bring you to Building (1) the Main Hospital every 15 minutes. Enter the building numbered (1) and ask at the lobby desk for directions to Building (5) or see the Map on page 3. All our buildings are numbered (1, 2, 3 etc) with large numbers.

Google Map Veterans Memorial Center Building, it is located right outside NMCS D. The two huge parking lots outside the Veterans Memorial Center on Park place and Presidents way is the City lot parking.

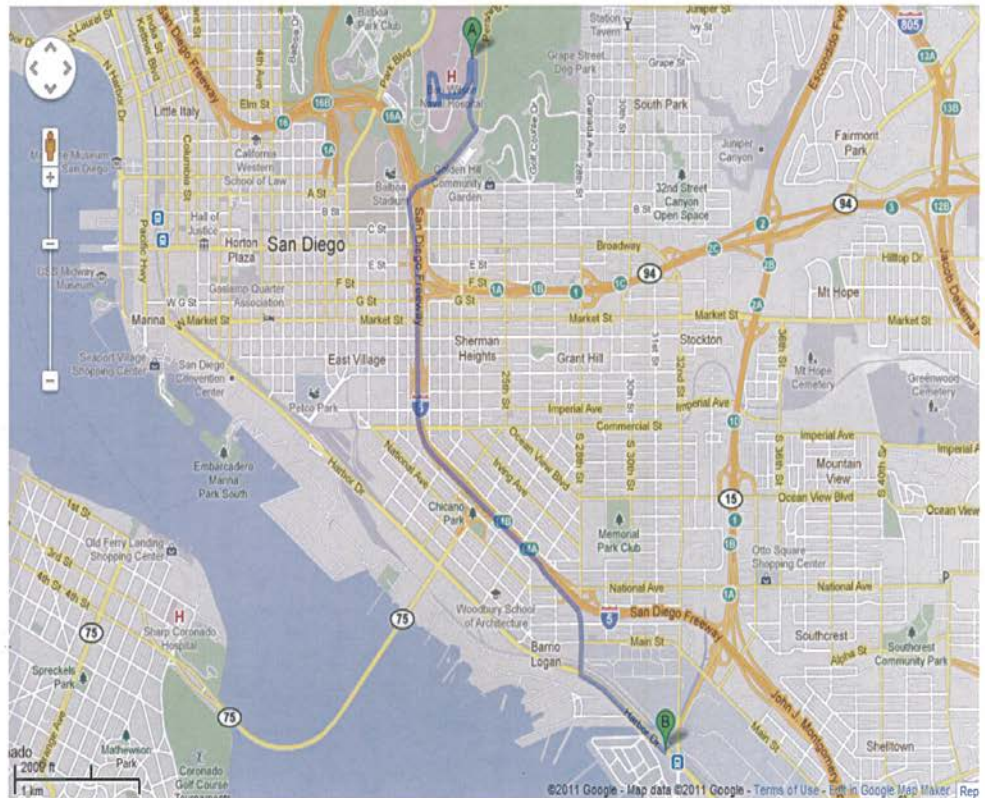


Student/Volunteer Pass

Head southwest on Bob Wilson Dr.
Slight left to stay on Bob Wilson Dr.
Continue onto Thomas Ave.
Turn right to stay on Thomas Ave.
Take the 1st left onto Farenholt Ave
Take the 1st right onto Thomas Ave
Continue onto Bob Wilson Dr.
Turn right onto Florida Dr.
Take the 1st right onto Pershing Dr.
Keep left at the fork, follow signs for I-5S and merge onto I-5S.
Take exit 13B toward 28th St/National Avenue SD
Keep left at the fork, follow signs for 28th St. S
Slight right onto S 28th St.
Turn left onto E Harbor Dr.

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3101 Harbor Drive
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Monday-Friday, closed Federal holidays



**Pages Below Will Be Completed At
Orientation.**

**DOD Public Key Infrastructure (PKI)
Acknowledgement of Responsibilities for Token.**

You have been authorized access to the public key Role-Based certificate and private key issued to the organizational Group/Role: . The private key will enable you to digitally sign documents, gain access to systems, or to decrypt data on behalf of the Group/Role associated with the certificate. Relying parties will use the certificate's public key to verify signatures; verify the identity of the role when you attempt to authenticate to systems; or, to encrypt data sent to the Group/Role represented by the certificate. A List of Authorized Personnel listing your name and the names of all other personnel authorized to access and use this Group/Role certificate has been prepared by the PKI Sponsor and provided to the command IAO and the LRA. This item is government property and may only be used for official purposes.

Acknowledgement of Responsibilities: I acknowledge that when I receive the Temporary PIN associated with the Role-Based certificate named above I will change the PIN before first use. I have been advised of the control procedures to be followed and will comply with the following obligations:

- I will not disclose the PIN to anyone or leave it where it might be observed,
- I will use this Token only for official purposes related to the role for which it was issued,
- I will not back up or copy the private key associated with any of the certificates assigned to this role,
- I will report the compromise of the PIN, or private key to the PKI Sponsor and IAO,
- If Token is lost or stolen the individual is responsible for restarting process to gain new Token.
- I will not record the PIN protecting the private key, and will contact the PKI Sponsor or IAO to obtain a copy if I forget the PIN.

Liability: A User or Relying Party will have no claim against the DOD arising from use of the Group/Role certificate or a CA's determination to terminate or revoke a certificate. In no event will the DOD be liable for any losses, including direct or indirect, incidental, consequential, special, or punitive damages, arising out of or relating to any certificate issued by a DOD CA.

Governing Law: DOD Public Key Certificates shall be governed by the laws of the United States of America.

Certificate Acceptance: I understand that once I obtain the PIN/Password for this certificate, I have accepted responsibility for this certificate and will protect the private key when under my control.

Name: _____ Date: _____ School: _____

Token Serial Number: _____

Token Certificate: _____

Signature: _____

Telephone Number: _____

PKI Sponsor: I have personally witnessed the User apply the signature above, and personally verified their identity by using the identity credential described below.

Name: DINIUSZUNIGA, EUGENIA HM3 Date: _____ Organization: Naval Medical Center San Diego

Signature: _____ Telephone Number: 619 532-6848

E-mail: Eugenia.V.DiniusZuniga.mil@mail.mil

Official Federal Picture Identification (i.e., CAC)

Type: _____ State: _____ ID Identifying Number: _____



Token Issue Agreement

Purpose: The purpose of this agreement is to acknowledge receipt of the Token Computer Access Card and the level of security associated with the safety and safekeeping of this card.

Responsibility: By signing this document, I take full responsibility for the assigned Token Computer Access Card and understand the security issues involved. I will ensure the safekeeping of this card and prior to departure from Naval Medical Center San Diego will return the card to the person who issued it.

Token Serial Number: _____

Student's Signature _____ **Date:** _____

Name: _____

School: _____

Instructor's Name: _____

Instructor's Phone Number: _____

Instructor's Email Address: _____

Instructor's Signature: _____ **Date:** _____



Return Agreement Checklist

Token Card

(Return to Nursing Consortium Coordinator BLDG 5 Staff Education & Training)

Date: _____ Initials: _____

Token Serial Number: _____

Hospital Badge

(Return to Pass and Decal Office BLDG 26)

Date: _____ Initials: _____

DBIDS ID

(Return to Pass and Decal Office 32ND Street off Harbor Drive)

Date: _____ Initials: _____

The Token Card, Hospital Badge, and DBIDS ID are all government property. Each item shall be returned to the proper issuing authority at the completion of each rotation. When returned, each item shall be signed and dated by the respective issuing department. This agreement shall be returned to the Nursing Consortium Coordinator no later than 5 days from final clinical rotation date. Please either e-mail scanned copy to (Eugenia.v.diniuszuniga.mil@mail.mil or mya.e.ferguson.mil@mail.mil) or physically turn it in NMCS D BLDG 5. Failure to comply with return policy will result in administrative actions with the student's Program Director, restriction to future visits, and filing an official report with the Department of the Navy and NCIS for theft of government property.

Student's Name: _____ Signature: _____ Date: _____

Instructor's Name: _____ Signature: _____ Date: _____

Rotation End Date: _____ Return Checklist By: _____



NAVAL MEDICAL CENTER, SAN DIEGO NURSING AFFILIATION PROGRAM ID BADGE AND COMPUTER TOKEN RETURN AGREEMENT

The ID badge is one measure that Naval Medical Center San Diego (NMCS D) Security, in coordination with the Nursing Affiliation Program, takes to provide a safe and effective environment for our patients, staff, and visitors. The NMCS D ID badge is the property of NMCS D and must be surrendered upon expiration. **The computer token card must be returned to a Nursing Affiliation Coordinator BEFORE your rotation is complete.**

- **ID Badge Return Agreement/Policy:**

- Each individual is responsible for returning all ID badges and computer token cards and DBIDS ID to the correct individuals. _____
- All DBIDS ID must be returned back to 32nd Street Pass and Decal office. _____
- Hospital ID badges must be returned to Building 26 Pass and Decal office prior to the completion of your clinical rotation. _____
- All token cards must be returned to the Nursing Affiliation Coordinator. _____
- Once your DBIDS ID has expired you will no longer be allowed on hospital grounds. _____
- If the due date has passed and the ID badge(s) and/or computer token(s) are not returned, Program Director will be notified, suspension of future clinical rotations, and open NCIS investigation for withholding government property and possible theft. The School will be put on suspension and students will no longer be allowed to complete clinical rotations with NMCS D. _____
- Token cards have a **3 Pin Lockout**, they will no longer work if pin is incorrectly entered 3 times. _____

- **Lost/damaged/stolen ID Badges:**

- ID badges and tokens that are damaged must be returned to the Nursing Affiliation Coordinator for replacement. _____
- Lost or stolen ID Badges and tokens must be reported to the Nursing Affiliation Coordinator. _____
- Lost items will result in extensive delay of completion of rotation for student, the individual is responsible for contacting their facility and beginning the process again. _____
- Individuals are not to return to units without proper ID badge and issued Token Card. _____

- **Return Agreement Checklist**

- Each item must be dated and initialed Return Agreement Checklist must be **turned into** Nursing Consortium Coordination within **5 days** of final clinical date. Failure to do so will result in administrative actions. _____

I have read and understand my responsibilities for ID badge and Computer Token Return Agreement.

Name (Student)

Signature

Date

Name (Instructor)

Signature

Date



MASTER AFFILIATION AGREEMENT

In consideration of being allowed to use the facilities of the Naval Medical Center, San Diego per the Master Affiliation Agreement between my school and Naval Medical Center, San Diego, I agree to abide by the rules and instructions listed in the Master Affiliation Agreement. I am aware of the rules and regulations at Naval Medical Center, San Diego and agree and understand that I will not receive any monetary compensation for this training.

SIGNATURE _____ **DATE:** _____

School Name: _____

Rotation Start Date: _____ **Rotation End Date** _____

Clinical Areas: _____ **Today's Date** _____

STUDENT INFO:

Email: _____

Student's Cell # _____

Emergency Contact # _____ **Contact Name** _____

Relationship to Emergency Contact: _____ **Instructor** _____