



## Student Orientation Checklist

Name of Student: \_\_\_\_\_ Department: \_\_\_\_\_

<input type="checkbox"/> Review of Hospital Orientation Pack <ul style="list-style-type: none"> <li>○ Acknowledgement of Receipt (signed and returned)</li> <li>○ Compliance Hotline</li> <li>○ Confidentiality &amp; Data Form (sign and return)</li> <li>○ Reviewed Notice of Privacy Act/Standard of Conduct</li> </ul>	Date Reviewed:  Signature:
<input type="checkbox"/> Administrative Clearance <ul style="list-style-type: none"> <li>○ Verify Picture ID with person</li> <li>○ School Identification Visible and requirement reviewed</li> <li>○ Access Badge Authorization and Review of requirements</li> </ul>	Date:  Signature:
<input type="checkbox"/> Employee Health/Infection Control Clearance <ul style="list-style-type: none"> <li>○ Negative PPD or CXR within the last 12 mo.</li> <li>○ Hepatitis B vaccine or refusal</li> </ul>	Date:  Signature:
<input type="checkbox"/> HIPPA/Privacy Training <input type="checkbox"/> Compliance Course <input type="checkbox"/> Customer Service Training	Date:  Signature:
<input type="checkbox"/> Department(s) Orientation	Date:  Signature:

**Forward Completed Form to Nursing Administration**