NORTHSIDE HOSPITAL
NEW FACULTY ORIENTATION CHECKLIST

Clinical Instructor: _____ **School:** _____

Rotation Start Date: _____

1) *Write down the scheduled date in the appropriate column below for each segment of your orientation*
2) *Obtain the instructor/coordinator's signature in the appropriate column for each segment of your orientation*
3) *Upon completion, sign the form and submit with all supporting documents to* **ptcare.students@northside.com**

	Date Scheduled/ Completed	Signature
➢ **Hospital Orientation, Virtual** – **(Non-Northside Clinical Instructors)** ◆ Held via Go To Meeting (GTM) every Monday & Wednesday - 0730am-1130am ◆ You will receive an email with the link to the GTM		**No Signature is required. NetLearning will submit attendance roster.**
➢ **Clinical Documentation Computer Classes 1 or 2 Days, 0800-1630** **(All Clinical Instructors)** ◆ Must complete assigned Simulation modules for assigned specialty form remotely in order to attend Clinical Documentation class(s). ◆ Acute Care has one day and FCC has two days of classes ◆ Will receive Registration Confirmation via email from Clinical Informatics		
➢ **New Faculty Orientation** – **(All Clinical Instructors)** ◆ Education/Clinical Program Coordinator will contact you to schedule a meeting to review scope of practice ◆ Student Placement Liaison will contact you to schedule a meeting to review administrative aspects (status reports, badge pickup, parking, etc.)		
➢ **Medication Administration Review -** 1-2 hour session **(Non-Northside Clinical Instructors)** ◆ Clinical Program Coordinator will contact you directly to schedule your Med Pass		
➢ **Department/Unit Orientation (DUO)** **(All Clinical Instructors)** ◆ Completed DUO should be uploaded in ACEMAPP		

Clinical Instructor:_____Date:_____
<div align="center">*Signature*</div>

Student Placement Coordinator/Designee:_____Date:_____
<div align="center">*Signature*</div>