

Northside Hospital Student Placement Office
Precepted Student/Senior Practicum Onboarding Checklist

Student Full Name (Legal name only)*:	
School Name*:	
Rotation ID*:	Semester/Year*:
Hospital Location:	
Preceptor Name*:	Unit Assigned*:

***Required**

Orientation Type	Orientation Items	
Hospital-wide Student Orientation	<input type="checkbox"/> Student Badges/Parking <input type="checkbox"/> Uniforms and Dress Code <input type="checkbox"/> Student Nurse Scope of Practice <input type="checkbox"/> Accessing Policies & Procedures via Lucidoc <input type="checkbox"/> Accessing Resource materials online (Lippincott, etc.)	<input type="checkbox"/> Service Behaviors & Professionalism <input type="checkbox"/> EMR Confidentiality & HIPAA <input type="checkbox"/> Cell Phone Use
Unit Orientation with Preceptor	<input type="checkbox"/> Patient Assignments <input type="checkbox"/> Assignment sheet/board <input type="checkbox"/> Role Expectations for Students <input type="checkbox"/> Meal Breaks <input type="checkbox"/> Unit/Department Scope of Services <input type="checkbox"/> Huddle/Bedside Handoff/Shift Report <input type="checkbox"/> Accident/Injury Reporting/Incident Reporting <input type="checkbox"/> Following Unit Chain of Command <input type="checkbox"/> Use of Equipment <ul style="list-style-type: none"> • Blood pressure monitor • Blood glucose monitor • Pulse oximeter • Use of PPE • Sharps disposal 	<input type="checkbox"/> Supply/Storage/Utility (Clean & Dirty) Rooms Locations <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Eye Wash location <input type="checkbox"/> Location of Code Cart/AED <input type="checkbox"/> Infection Prevention (isolation precautions, disinfection) <input type="checkbox"/> Handwashing

The student has been oriented to each item on the **Precepted Student/Senior Practicum Faculty - Onboarding Checklist**.

Student Signature _____ Date: _____

Preceptor Signature _____ Date: _____

Northside Unit Representative Signature _____ Date: _____

Students are responsible for uploading their completed forms to ACEMAPP to remain in compliance.