

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	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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.) </div> <div style="width: 48%;"> <input type="checkbox"/> Service Behaviors & Professionalism <input type="checkbox"/> EMR Confidentiality & HIPAA <input type="checkbox"/> Cell Phone Use </div> </div>
Unit Orientation with Preceptor	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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 </div> <div style="width: 48%;"> <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 </div> </div>

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.