

## STUDENT ORIENTATION RECORD

<b>Consortium #:</b> _____	<b>Orientation Date:</b> _____
<b>Course # :</b> _____	<b>Rotation dates:</b> _____ to _____
<b>Course Title:</b> _____	<b>College:</b> _____
<b>Instructor: Name:</b> _____ <b>License #/exp date:</b> _____ <b>Email:</b> _____ <b>Work phone:</b> _____ <b>Cell/other:</b> _____	<b>Hospital/Agency:</b> _____  <b>Clinical Area:</b> _____

I verify that the students listed below meet all requirements defined by policy: *San Diego Nursing Service-Education Consortium Faculty/Student Requirements.*

**Director/Faculty signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Bring this completed form with orientation documents. If a student is here within one calendar year no added forms are necessary.

Student's Printed Name	Signature	Flu Shot Y/N/D	Last Date at KP	Student Phone #	Emergency contact/phone