

**Tri-City Medical Center (TCMC) Faculty Clinical Orientation Checklist
Faculty Returning Additional Semester in Same Academic Year**

Faculty Name (please print) _____

School _____

Previous Course completed at TCMC _____

Additional 2013 Course _____

Additional 2013 Rotation Dates _____

1. Hospital Orientation for Non-Employees Manual
2. TCMC Policies
 - a. Dress And Appearance Philosophy (Administrative Policy)
 - b. Cellular Phones and Other Wireless Electronic Digital Devices, Use of (Administrative Policy)
3. Introduction to Nursing
4. Clinical Orientation
 - a. Compass Training completed during Fall/Spring Course
 - b. Nova StatStrip Glucose Meter Training
5. Forms submitted during Fall/Spring Course
 - a. Faculty Orientation Checklist
 - b. Confidentiality Acknowledgement & Agreement
 - c. Social Media Best Practices
 - d. Tri-City Healthcare District Non-Employee Test
 - e. Nova StatStrip Glucose Meter Competency
 - f. Compass System Access Request
 - g. Pyxis Access Request

My signature indicates that the information listed above has been reviewed and that I am responsible for this information. I will continue to abide by all TCMC policies and procedures during my additional semester at TCMC. I understand that failure to complete this process will result in my being out of compliance with this hospital and their orientation standards.

Faculty's Signature _____

Date _____