

Nursing Pre-Arrival Orientation Checklist

Name: _____

Sponsoring Program or School Name: _____

| Review General Topics | Complete |
|------------------------------|--------------------------|
| Code of Conduct | <input type="checkbox"/> |
| Appearance Policy | <input type="checkbox"/> |
| Cultural Diversity | <input type="checkbox"/> |
| General Safety Presentation | <input type="checkbox"/> |
| Patient Safety | <input type="checkbox"/> |
| Infectious Disease Control | <input type="checkbox"/> |
| Pain Management | <input type="checkbox"/> |
| COVID-19 Education | <input type="checkbox"/> |

| Review Required Forms | Complete |
|-----------------------------------|--------------------------|
| Non-Employee Confidentiality form | <input type="checkbox"/> |
| Acceptable Use Agreement form | <input type="checkbox"/> |

| For Nursing Contract Personnel Only | Complete |
|--|--------------------------|
| Received Stafferlink Log in and Password Information | <input type="checkbox"/> |
| Sent signed required forms to the hiring agency 1 week prior to start date | <input type="checkbox"/> |

I, _____, have received, read and understand the contents of the **information I received above**. I have read and understand the contents of the material provided. I understand that I am responsible for abiding by Providence Regional Medical Center Everett policies in relation with this material and my student experience. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the forms provided to me.

Signature: _____ Date: _____

Printed Name: _____