

Student Nurse Orientation

Welcome to Providence St. Joseph Health. Thank you for helping us to provide quality care to our patients. This orientation packet is designed to help prepare you for your clinical experience in our facilities. Please review the materials prior to working your first clinical rotation.

Student Name: _____ School _____

- Blood Glucose Policy
- Emergency codes
- Student Parking
- Student Policy
- Students in the OR or Women/Children's Department
Observer's in the OR

Signature of Student Date

Signature of Instructor Date

Please review all documents and return this checklist to your instructor on your first clinical day.

Signed sheet to be forwarded to Samantha Wilson,
Samantha.wilson@providence.org