



## Instructor/Coordinator Agreement

Instructor/Coordinator Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Dates of student experience: \_\_\_\_\_  
Type of student: \_\_\_\_\_  
Area/Dept. of experience: \_\_\_\_\_

Each Instructor/coordinator must complete this agreement annually or prior to the start of the first the student clinical.

**Review Handbook for Instructor/Students** (contains safety, infection control, regulatory, compliance, HIPAA, customer service, mission, etc. information)

**Unit/Department specific safety and related information** (contact unit educator)

**\*The instructor/coordinator is responsible for sharing the contents of the handbook and unit specific information with each student at the beginning of each clinical rotation.**

The school is responsible for maintaining the quizzes from instructors/coordinators and students.

Froedtert hospital may audit the school for verification of completed safety quizzes.

Instructors/coordinators/students are responsible for participating in any mandatory/regulatory education or training related to safety, OSHA, Infection Control, JCAHO education, rounds, mock surveys, etc.

Signature of Instructor/Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete form and return to Jane Hendricks, Education Coordinator, Staff Development or fax to 414-805-6920.**