

Froedtert HOSPITAL

Froedtert & Community Health

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.