New Nursing Instructor Checklist

Name & Credentials: _____________________________________________________________

School: ________________________________________________________________

School or Home Mailing Address: ______________________________________________

Home Telephone: ____________________________

Cell Phone: ________________________________

School Phone: ______________________________

Pager: __________________________________

Email Address: ____________________________

Orientation: Date Completed
Classroom: __________
Clinical: __________
Computer Training: __________

Completed Competencies: Date Completed
Alaris IV Pump (Froedtert only) __________
Hospira Plum A + Infusion System with MedNet (CMH/SJH only) __________
Kangaroo Tube Feeding Pump __________
Nova Stat Strip Blood Glucose Meter __________
Insulin Delivery Device __________
Med Select - Skills Check Completed __________
AED (BLS zoll) (Froedtert only) __________

ID Badge - Security __________
(Glucometer/Med Select Access)

Educational Services:
Instructor Mailing List __________
Med Select - Jayne Hoeft, Pharmacy __________
Glucometer - Peggy Klemme __________

15-Jul