



New Nursing Instructor Information/Checklist

Name & Credentials: _____

School: _____

Telephone: _____

Email Address: _____

<u>Orientation:</u>	Date Completed
Classroom	_____
Clinical	_____
Computer Training	_____
ID Badge	_____
MedSelect/Pyxis (Sent to Pharmacy)	_____
Glucometer (Froedtert only) (Access Request Sent)	_____

<u>Completed Competencies:</u>	Date Completed
Alaris IV Pump	_____
Kangaroo Tube Feeding Pump	_____
Nova Stat Strip Blood Glucose Meter (Froedtert only)	_____
Insulin Delivery Device (Froedtert only)	_____
MedSelect/Pyxis - Skills Check Completed	_____
AED	_____

Instructor Mailing List _____