New Nursing Instructor Information/Checklist

Name & Credentials:  
____________________________________________

School:  
___________________________________________

Telephone:  
__________________________

Email Address:  
__________________________

Orientation:  Date Completed
Classroom  _________
Clinical  _________
Computer Training  _________
ID Badge  _________
Pyxis (Sent to Pharmacy)  _________
Glucometer (Access Request Sent)  _________

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 (Froedtert only)  _________
Insulin Delivery Device (Froedtert only)  _________
Pyxis - Skills Check Completed  _________
AED  _________

Instructor Mailing List  _________

2019 July