**Appendix D**

NURSING SCHOOL FACULTY ORIENTATION FORM

Faculty name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JHH clinical unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit Days/Hours of week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Documentation: This is used as a validation tool for the clinical coordinators and faculty to ensure completion of requirements

\_\_\_\_\_\_\_\_ Validate Appendix A is completed for faculty and students

\_\_\_\_\_\_\_\_ Copy of current DC RN license for clinical faculty and current graduate practicum students

\_\_\_\_\_\_\_\_ Epic validation (test out, module training, in-class training)

\_\_\_\_\_\_\_\_ Clinical faculty must share one or two shifts on the nursing unit with manager. The amount of time needed for orientation will be left to the Nurse Manager’s discretion.

\_\_\_\_\_\_\_\_ Submit all required paperwork (thru CB Bridges) for each student and faculty member to Dept. of ED & Training.

\_\_\_\_\_\_\_\_ Submit Appendix B letter thru CB Bridges