

<p style="text-align: center;">Froedtert Health Community Memorial Hospital Instructor Checklist</p>

Name with Credentials _____

School _____

Mailing address _____

Telephone: Cell: _____ School: _____ Home: _____

1. Workforce Orientation Date: _____

2. Unit Orientation Date _____

3. Epic Documentation Class Date: _____

Paperwork Received:

- Copy of RN License
- CPR & ACLS (if appropriate) card
- Instructor Memorandum of Understanding
- Confidentiality Agreements
- Computer Spreadsheet template with instructor & student information added
- Class Syllabus with goals and objectives for clinical experience
- Parking Roster
- Pyxis Form