



Medical /APNP/ PA Student Orientation Checklist

Name of Student: _____

Responsible Department: _____

- Quick Reference Safety Precautions Brochure – review attached brochure
- Patient Rights and Responsibilities Policy - review attached policy
- Confidentiality Agreement– review and sign attached form
- “*Living Our Promise*” Brochure – review “I Statements” and sign attached form
- Facility Map – review attached facility map
- Meditech Physician Training Guide – review attached booklet
- Name Badge – Students will be issued a name badge on the first day of their rotation. It is the student’s responsibility to return their name badge to Employee Support and Development (HR) upon completion of their rotation at DCMC. Prior to departure, the student may Contact Employee Support and Development @ 920-746-3702, between the hours of 0800 – 1630, Monday through Friday to arrange for a drop-off time and deactivation of the name badge.

Student Signature: _____

Date: _____

Verified by: _____