# School of Nursing

## Facility Specific Requirements

### Check-Off Sheet

For: _______ Skyline Medical Center_________

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Print this sheet, sign & date, and return with your documents.

**Important Note:** Scan and e-mail/upload your completed documents, per your faculty’s request (i.e. hard copy, e-mail, dropbox). Keep all of your originals until the end of the semester.

- _____ TCPS General Orientation
- _____ TCPS Site Specific Orientation Completed
- _____ TCPS Meditech Orientation Completed
- _____ Complio Account Current/Compliant

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I have reviewed all instructions and materials, as well as verified and completed all requirements listed above, that are required by the facility I will be attending.

Name (print): ____________________________________

Signature: ____________________________________

Date Submitted: ____________________________