School of Nursing

Facility Specific Requirements
Check-Off Sheet

For: _______ St. Thomas Rutherford _______

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 Completed
- _____ On-line Orientation Completed (see preparation guide)
- _____ Parking Information Read/ Permit Request Complete
- _____ Complio Account Current/Compliant
- _____ Cerner Access Request Form Completed

- There will be a mandatory on-site computer training class prior to the start of clinical, you will receive specific information about this from your instructor

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: ________________________________