

Contract Clinical Education Checklist

Name (please print) _____

Required for Nurses	
Your Agency will schedule:	
<ul style="list-style-type: none"> Computer Orientation Clinical Orientation 	
Completed Date/Initials	Education
	Non-Employed Workers Education
	Medication Safety module- Long
	Brain Attack
	POC Glucose PXP Meter
	Glycemic Management Part 1
	Glycemic Management Part 2
	Glycemic Management Part 3
	Improving the Discharge Process
	Fall Assessment Management
	Standing Orders
	NHPWMC Administration of Blood & Blood Products
	Part I: IV Therapy Management
	Part II: IV Therapy Complications
	Malignant Hyperthermia
	NHPWMC Moderate Sedation
	PWH Restraints
	Suicide Precautions

I certify that I have completed the requirements of my job role.

_____ **Signature of Contract Worker** _____ **Initials** **Date** _____

_____ **Signature of Novant Manager** _____ **Initials** **Date** _____