



# STUDENT AND INTERNSHIP ORIENTATION CHECKLIST

\_\_\_\_\_

From day one.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Name of Program: \_\_\_\_\_

	Date Reviewed
Glucometer Quiz (Score ____ ) IF REQUIRED	
Hospital Orientation (by instructor)	

**Please return badges to CMC Human Resources Department at conclusion of your clinical rotation**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor (PRINT): \_\_\_\_\_ Title: \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date: \_\_\_\_\_

CMC Employee Initials for Badge \_\_\_\_\_ Date: \_\_\_\_\_