



Preceptorship Checklist for Fox Valley

	ne to Children's Hospital of Wisconsin. All of the information and orientation materials outlined below can be
	on our student placement website: <u>https://childrenswi.org/medical-professionals/careers/students/nursing-</u>
educati	on/nursing-students.
	When you receive the name/contact information of your preceptor or orientation coordinator, call or e-mail them to set up your hours.
	As part of their orientation each student must log on to <u>Nursing Student Webpage</u> to review the following Policy and Procedures Nursing Student policy Personal Appearance policy Privacy/Confidentiality Parking at CHW-FV Professional Boundaries policy Social Media policy Unit Information CHW unit profile that you will be working on Tour and receive orientation to unit Education Materials. Student orientation Prezi Presentation (A Treasure Awaits You) Assessing and Managing Pain
	Review the maps on the maps link so you know where you are going (allow yourself an extra $10 - 15$ minutes to walk from the parking lot to the hospital or clinics building).
	Security IDs will be available on the first day of your preceptorship. In order for this process to happen, you will need to send a head shot of yourself (with a solid light color background) to the email listed below two weeks prior to beginning your preceptorship. You must have your ID easily visible above your waist at ALL times when in any CHHS entity.
	Your Electronic Health Record/EPIC training session will occur on the first day of clinical.
	You must wear your school nursing student uniform when here at CHW and follow our Personal Appearance policy.
	Please remember that you are expected to work around your preceptor's schedule. The best way to resolve any problems with scheduling is communication and flexibility.
	Remember to bring with you on your first day your clinical goals and objectives, as well as other pertinent information your nursing program has given to you.
	All students are required to park in the designated lots according to the Parking at CHW- Fox Valley Policy and Procedure.
lf you h	ave any questions, please contact the Schools of Nursing, 1-414-337-CALL (2255).

I ______ (print name), from ______ (name of school) have completed the required orientation outlined above.

Student signature

Date

Please return this form and privacy/confidentiality form to:

Mail paperwork to: CHW Schools of Nursing 8915 W Connell Ct, MS Center 6 Milwaukee, WI 53226 **Fax paperwork to:** Schools of Nursing 414-266-5731 Email to: CHW Schools of Nursing CHWSNPlacement@chw.org

Questions? Call 1-414-337-CALL (2255)