

Preceptorship Checklist for Fox Valley



Welcome to Children's Hospital of Wisconsin. All of the information and orientation found on our student placement website: <u>www.chw.org/students</u> .	materials outlined below can be
When you receive the name/contact information of your preceptor or orient them to set up your hours.	tation coordinator, call or e-mail
As part of their orientation each student must log on to <u>Nursing Student We</u> 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 CHW unit profile that you will be working on Student orientation Prezi Presentation (A Treasure Awaits You Assessing and Managing Pain	
Review the maps on the <u>maps link</u> so you know where you are going (allow y walk from the parking lot to the hospital or clinics building).	/ourself an extra 10 – 15 minutes to
Security IDs will be available on the first day of your preceptorship. In order need to send a head shot of yourself (with a solid light color background) to prior to beginning your preceptorship. You must have your ID easily visible when in any CHHS entity.	the email listed below two weeks
Your Electronic Health Record/EPIC training session will occur on the first da	y of clinical.
You must wear your school nursing student uniform when here at CHW and policy.	follow our Personal Appearance
Please remember that you are expected to work around your preceptor's s any problems with scheduling is communication and flexibility.	chedule. The best way to resolve
Remember to bring with you on your first day your clinical goals and objective information your nursing program has given to you.	ves, as well as other pertinent
All students are required to park in the designated lots according to the Park Procedure.	ing at CHW- Fox Valley Policy and
If you have any questions, please contact the Schools of Nursing, 1-414-337-CALL (22	255).
I(print name), from completed the required orientation outlined above.	(name of school) have

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 <u>CHWSNPlacement@chw.org</u> Questions? Call 1-414-337-CALL (2255)