



School of Nursing

Facility Specific Requirements

Check-Off Sheet

For: Alive Hospice

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.

- Printed and signed Confidentiality Agreement
- TCPS General Orientation
- Complio Account Current/Compliant
- Watched video required by Alive Hospice
(<https://www.alivehospice.org/healthcare-providers/alive-institute>
videos are at the bottom of the page)

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: _____