



School of Nursing

Facility Specific Requirements

Check-Off Sheet

For: Skyline Medical Center

<p>Print this sheet, sign & date, and return with your documents.</p>
<p>Important Note: 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.</p>
<ul style="list-style-type: none">• <input type="checkbox"/> TCPS General Orientation• <input type="checkbox"/> TCPS Site Specific Orientation Completed• <input type="checkbox"/> TCPS Meditech Orientation Completed• <input type="checkbox"/> Complio Account Current/Compliant
<p>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.</p> <p>Name (print): _____</p> <p>Signature: _____</p> <p>Date Submitted: _____</p>