



School of Nursing

Facility Specific Requirements

Check-Off Sheet

For: _____ Southern Hills Medical Center _____

Print this sheet, sign & date, and return with your documents.

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.

- ____ TCPS General Orientation Completed (print certificate and submit to instructor)
- ____ Complio Account Current/Compliant
- ____ TCPS Site Specific Orientation Completed (print certificate and submit to instructor)
- TCPS Meditech Orientation completed (print certificate and submit to instructor)

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: _____