



# INSTRUCTOR INFORMATION SHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

School(s) of nursing as an instructor: \_\_\_\_\_

School ID#: \_\_\_\_\_ McLaren St. Luke's Badge ID #: \_\_\_\_\_

Are you currently an employee at McLaren St. Luke's? YES / NO

What unit(s)? \_\_\_\_\_

Is this your first clinical teaching experience? YES / NO

Dates that you will be at the clinical site: \_\_\_\_\_ to \_\_\_\_\_

What unit will you be on this semester? \_\_\_\_\_

Have you completed orientation for that McLaren St. Luke's unit? YES / NO

Do you need to schedule orientation for that unit? YES / NO

Do you have experience using?

1. Glucometer YES / NO

2. Med-Select YES / NO

3. Electronic Documentation YES / NO

What EHR? \_\_\_\_\_

Have you completed the McLaren St. Luke's website Clinical module? YES / NO

Website paperwork completed and provided to Clinical Coordinator? YES / NO

Date completed \_\_\_\_\_

Copy of CPR card provided? YES / NO

Updated flu vaccine information provided (Sept. - Mar.)? YES / NO

**Clinical Coordinator Only**

**Date Received:**

CPR \_\_\_\_\_ Flu Vaccine \_\_\_\_\_ Attestation \_\_\_\_\_

Health Requirements \_\_\_\_\_