**New Employee Orientation Checklist**

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| **Employee Initials** | **Department** | **Date** | **Evaluator Initial** |
|  | Pharmacy |  |  |
|  | Lab |  |  |
|  | Front Desk |  |  |
|  | Integrative |  |  |
|  | Massage Therapy |  |  |
|  | Nutrition |  |  |
|  | Social Work |  |  |
|  | Physician |  |  |
|  | Nurse Practitioner/teaching |  |  |

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| **Employee Initials** | **Competencies** | **Date** | **Evaluator Initial** |
|  | Skills Checklist |  |  |
|  | Annual Checklist |  |  |
|  | Port access X3 |  |  |
|  | IV access X3 |  |  |
|  | Chemo/Immuno Class Scheduled |  |  |

**Employee:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_