

UPSTATE

MEDICAL UNIVERSITY

AFFILIATING SCHOOL/COLLEGE OF NURSING Faculty Verification and Clearance Checklist

Section A: Faculty Information (Faculty)

Name:	School/College:
Patient Care Unit:	E-mail Address:
Work Phone:	Home/Cell Phone:

Section B: Verification Checklist (Nurse Manager/Trainer/Clinical Educator)

Clinical Verification	Nurse Manager/Trainer Initials	Faculty Initials	Date
Review objectives at pre-clinical meeting			
Provides basic patient care according to policy & procedure			
Demonstrates knowledge of documentation policy & procedure			
Demonstrates knowledge of resources (people and information)			
Is oriented to:			
• Physical layout of unit			
• Roles & responsibilities of unit staff (RN, HCT, PT, OT, etc.)			
• Reporting mechanisms (chain of command)			
• Type of nursing care delivered			
• Medication administration and documentation Policy# CM M-03			
• Maintaining IV lines/therapy/ IV pumps and tubing (CADD)			
• Peripheral/Central line flush Policy # CM P-04/CM C-34			
• Blood administration Policy # CM B-07			
• Blood glucose monitoring Policy# CM P-48			
Verified By:	Faculty Signature:		

Section C: Clearance Checklist (Faculty)

	Faculty Signature	Date
Reviewed Nursing Clinical Experience Manual (online)		

Email documents to nrecruit@upstate.edu or
Fax documents to: **315.464.6145**