

LMU-CVM Clinical Student Orientation Checklist

STUDENT

Student Name: _____

CLINIC

Clinic: _____ Rotation Block: _____

Person Performing Orientation: _____

Supervisor Name: _____

Orientation checklist	Preceptor initials	Student initials
Introduction to Supervisor and Clinic Staff		
Explanation of staff roles and hierarchy		
Review of office etiquette, protocols for intake of patients, etc.		
Review of general safety rules – radiation safety, isolation, first aid, etc.		
Discussion and agreement on schedule and hours to be worked		
Discussion regarding appropriate dress for site		
Formalize when and where feedback and questions should be discussed		
Discussion about internet access during and after business hours		
Review computer system access		
Discussion regarding student's role in client interactions		
Discussion and agreement on duty expectations		
Exchange of contact information		
Tour of facility including safety items		
Review of written material/expectations, where provided.		
Learning Agreement - signed		
Discuss last day of rotation – ½ day and reviewing formal evaluation		

(Signature of Immediate Supervisor)

(Date)

I, _____ *(print name)* have reviewed and completed the above orientation process and understand my role and as a fourth-year student of the LMU-CVM

(Signature of Student)

(Date)

Students are responsible to upload this document to their EValue student portfolio. A scanned version or jpeg (as long as it is readable) is acceptable.