Returning Instructor Checklist

Name: ___________________________ Date: ___________________________

School: __________________________ Area Assigned: __________________________

☐ Annually, complete the Fox Valley Healthcare Alliances’ placement requirements at:
   FVHCA.org
   Clinical Placements tab
   Faculty/Instructor Responsibilities tab

☐ Health Requirements remain up-to-date
☐ BID required annually, CBC required every 4 years
☐ OSHA/BBP/Safety and HIPAA/Compliance modules reviewed annually
☐ Assure with your school coordinator that your instructor information is included on
   FVHCA Required Student/Faculty Information Form (RIF).

☐ Complete Aurora Oshkosh/FDL Site Specific Orientation
   ☐ Aurora Orientation Online Module
   ☐ Print Orientation Checklist, applicable to your clinical experience
   ☐ Review Policies as applicable to student experience/role

☐ Complete FVHCA Forms A, B, and C

☐ Arrange EPIC Documentation refresher annually as needed

☐ For conference room reservations for post clinical meetings, email Khaofeng.Lo@aurora.org

☐ Provide at least two of the following to the department educator: (annually)
   • A copy of the course objectives.
   • Your clinical expectations of the students.
   • Skills/tasks students can/cannot perform.
   • Skills/tasks students have already performed in other clinicals or in skills lab.

Turn in the following documents to AMCO Education Department when completed:

_____ Aurora Undergraduate Orientation checklist
_____ Returning Instructor Checklist (this form)

Note: You should collect the following forms from students for school files:

1. FVHCA Form A: Confidentiality Agreement
2. FVHCA Form B: Orientation Modules 1 and 2 Completion Form
3. FVHCA Form C: Organization Specific Orientation Confirmation Form

I understand the information provided and my role and responsibility as an instructor at AMCO.

My signature below indicates completion of AMCO Returning Instructor Review.

Instructor Signature: ___________________________ Date: ____________

AMCO Educator or Staff Name/title: ___________________________ Date: ____________