Contract Clinical Education Checklist

Name (please print) _____

Required for Certified Nurse Assistants	
Your Agency w	vill schedule:
Com	outer Orientation
Clinic	al Orientation
Completed Date/Initials	Education
	Non-Novant Health Workers Education
	Medication Safety module-Short
	Bariatric Sensitivity (CSF04)
	Cardiac Monitoring (Z2965)
	Clinician's Guide to Environment of Care and Life Safety (Z2892)
	Corporate Room Search Video
	Diabetes Care and Workflow (Z3638)
	Dysphagia and Aspiration (Z1898)
	Acute Glucose FSPP Meter (NE0083)
	Heart Attack Awareness (Z1997
	In Hospital Stroke Code Process (Z1899)
	Novant Health Restraint and Seclusion (Z1314)
	PAPR Hood (Z0493)
	Pharmaceutical Waste Management in Healthcare (Z2066)
	Suicide Screening & Precautions for Acute Care for both inpatient and ED areas (Z2798)

I certify that I have completed the requirements of my job role.

Signature of Non-Novant Health Worker

Signature of Novant Health Leader

Initials

Initials

Date

Date