Community College of Philadelphia MLT 102 Clinical Practice Summer 2019 Orientation form.

| NAME OF THE STUDENT: | |
|---------------------------|----------------------------|
| Contact info. Cell phone: | e- |
| mail: | |
| Lab name: | Circle: OP area or Floors? |

| Activity | Students initials | Supervisor's/ coordinator initials | date |
|------------------------------|-------------------|------------------------------------|------|
| Initial orientation in the | | - Coordinator Initials | |
| lab (location of the all lab | | | |
| departments, cafeteria, | | | |
| lunchroom, where to put | | | |
| your personal items) | | | |
| Safety (fire exits, alert | | | |
| code system, security | | | |
| phone number, what to | | | |
| do with the combative | | | |
| patient, BBP exposure | | | |
| policy) | | | |
| PPE necessary while | | | |
| inside of the lab for CCP | | | |
| students: scrubs, lab coat | | | |
| (optional), gloves, | | | |
| student's ID, fluid | | | |
| resistant non-slippery | | | |
| shoes, long hair – tide int | | | |
| the back | | | |
| Cell phone policy: use is | | | |
| allowed only during | | | |
| breaks | | | |
| | | | |
| Call out policy: call out to | | | |
| the supervisor or student | | | |
| coordinator before the | | | |
| start time. Leaving a | | | |
| voicemail is acceptable. | | | |
| The student will message | | | |
| the clinical coordinator as | | | |
| well via Remind Me app. | | | |

| Lateness policy: call the | |
|---|-------------------------|
| department if more than | |
| 5 min late. | |
| | |
| It is the student's | |
| responsibility to arrange a | |
| make-up time for any | |
| missed day directly with | |
| the supervisor/trainer | |
| he above-mentioned requirements and rules an Student's signature: Date: Please fill out this info with the section supervisor. mportant phone numbers for the student: | Supervisor's signature: |
| Security# | |
| Main lab number# | |
| Phone # for callouts with a voicemail | |
| OP area # | |
| Section supervisor# | |
| Other: | |
| | |

Save these numbers into your cell phone.

Make a copy and submit it to the clinical coordinator and give the other copy to the clinical supervisor/trainer.