

NEW EMPLOYEE ORIENTATION CHECK-LIST

NAME: _____ **START DATE:** _____

Description		Date Completed	Initial
Screening	Amber		
Employee Packet / Tax Forms Needs employee name, address, SS#, DOB Form: hire date, pay rate, PTO to be "banked"	Amber		
Payroll Procedure (15 minutes)	Amber		
Professionalism / #metoo (30 minutes)	Wendy C.		
Facility Tour (key card, parking)	Manager		
Compliance / HIPAA Training (30 minutes)	Debbie A.		
Duties / Job Description / KRA (assign internal trainer)	Manager		
NMMC Quest Domain Needs employee name, DOB, last 4 SS#, title, phone extension, and if employee is coming from NMHS	Amber		
Epic Complete Code/Training Request Form Email to epicuserrequests@nmhs.net (training: varies by role)	Amber		
Epic Complete Code/Training Request form Email to: epicuserrequests@nmhs.net (training: varies by role)	Amber		
SCM (when applicable) Request to: Janet Messer	Amber		
Health Information Training (20 minutes)	Medical Rec.		
OSHA/Safety Training (30 minutes)	Susan C./Diana		
Research (30 minutes)	Yvonne		
Credentialing For nurses: Needs name, address, DOB, SS#, position (and clinic location), rank (RN/LPN), nursing license#, copy of CPR and/or ACLS card	Melissa		