

NEW ATHLETIC TRAINER EMPLOYEE ORIENTATION CHECKLIST

Employee Name:

Hire Date:

Checklist should be completed and signed within a predetermined period of time

INTRODUCTIONS:

TOUR:

BENEFIT INFORMATION:

Supervisor

On-site Healthcare Facilities

Medical Insurance

Co-workers

Off-site Healthcare Facilities

Retirement

Physicians

Practice Venues

Vacation/Sick Time

Coaches

Competition Venues

Professional Liability Insurance

Administrators

Training Facilities

Local EMTs

POLICY & PROCEDURE REVIEW:

EXPECTATIONS:

PERFORMANCE MANAGEMENT:

Standing Orders

Communication

Preceptor Delineation

Emergency Action Plans

Email

Job Description

Referral Process

Dress Code

Annual Goals

Documentation

Structuring Work Hours

Performance Appraisal Process

Protocols
Injury, Rehab, Concussion,
Environmental, Etc.

Continuing Education

Coverage Responsibilities

HIPAA/FERPA

Licensure

OSHA

BOC Certification

Budgeting, Inventory
and Supplies

BLS & Professional
Rescuer Certification

I received new employee orientation and understand each of the above policies and procedures. I understand the importance of following these procedures in order to practice as a successful health care provider.

Employee Signature:

Date:

Employee Signature:

Date: