

**PENSACOLA STATE  
COLLEGE**

**Hospital Orientation Cover Sheet**

Student's Name: \_\_\_\_\_ Student I.D. Number: \_\_\_\_\_

Nursing Program \_\_\_\_\_

My Pirate e-mail address: \_\_\_\_\_@students.pjc.edu

I ATTEST THAT I HAVE COMPLETED THE FOLLOWING HOSPITAL ORIENTATIONS BY SIGNING BELOW.

- |  |  |
|--|--|
| <input type="checkbox"/> Baptist Hospital  | <input type="checkbox"/> Sacred Heart Hospital |
| <input type="checkbox"/> Santa Rosa Medical Center   | <input type="checkbox"/> West Florida Hospital |
| <input type="checkbox"/> Navy Hospital ( <i>You will do this orientation <u>only if &amp; when</u> assigned to this hospital</i> )   |  |
| <input type="checkbox"/> Thomas Hospital ( <i>You will do this orientation <u>only if &amp; when</u> assigned to this hospital</i> ) |  |

**Instructions To Complete Hospital Orientations**

1. Log onto [www.pensacolastate.edu/healthprograms](http://www.pensacolastate.edu/healthprograms)
2. Choose Hospital Orientations
3. Read all of the orientation material for Baptist Hospital, Santa Rosa Medical Center and West Florida Hospital. **Sacred Heart Hospital and Baptist Hospital orientation's are on-line and you will be given a username and password as soon as possible via Pirate email.**
4. Answer the questions/test given in each of the hospitals orientations (Please note: *Some hospital's orientations provide answer sheets, while some may not. If they have not provided an answer sheet then answer the questions directly on the test*)
5. Fill out all forms in each hospital's orientation. Be sure to print name clearly, sign and date as required
6. Turn in the **cover sheet ONLY to the nursing office**; place an "X" in the appropriate hospital's box on the cover sheet.
7. Turn into your Clinical Instructor the entire orientation packet and coversheet. *Include in each hospital's packet in the following order:*
  - The Hospital's Answer sheets or test (if answer sheets are not provided.)
  - Each Hospital's Signed Forms
8. **Keep a copy for yourself**, as you will give a copy to each courses' clinical instructor **every semester!**

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_