

## Seidman Ambulatory New MA/PCNA Staff Orientation Request Form

Please complete Section 1 of this form & scan/email [lisa.kohanski@uhhospitals.org](mailto:lisa.kohanski@uhhospitals.org), [ruth.cocirteu@uhhospitals.org](mailto:ruth.cocirteu@uhhospitals.org) or [savannah.nall@uhhospitals.org](mailto:savannah.nall@uhhospitals.org) once you have a confirmed start date

### Section 1 (completed by Manager)

1. New Employee Name: \_\_\_\_\_
2. New Employee Position: \_\_\_\_\_
3. Employment Status: FT/PT/PRN \_\_\_\_\_
4. Date of On-Role: \_\_\_\_\_
5. SCC location: \_\_\_\_\_ -
6. Internal Transfer:    Yes    No    Experience: \_\_\_\_\_
7. External Hire:        Yes    No
8. BLS: \_\_\_\_\_

### Section 2 (completed by Lisa, Ruth or Savannah then emailed to manager)

1. UH UAP classes \_\_\_\_\_
2. Epic Classes \_\_\_\_\_
3. SCC Skills \_\_\_\_\_
4. Seidman Going the Extra Mile/orientation \_\_\_\_\_
5. Online GPS modules \_\_\_\_\_