

# CAPITAL LIVING & REHABILITATION CENTRES

## *Initial On-Site Agency Training*

AGENCY NAME: THE NURSE CONNECTION STAFFING, INC  
11 COMPUTER DRIVE WEST  
ALBANY, NY 12205  
518-459-6612 518-459-6614-FAX

EMPLOYEE NAME: \_\_\_\_\_

### *FACILITY TO COMPLETE BELOW SECTION:*

I, \_\_\_\_\_, (RN, LPN, CNA—circle one) have had

the following information reviewed with me prior to the beginning of my shift:

- A tour of the facility (included fire/safety review)
- Location of ADL Care Cards and their Use
- Instruction on bed/chair alarms
- Telephone use and etiquette
- Call light system
- Details of specific duties and expectations
- Sigma Care Log In and Review

\_\_\_\_\_  
Agency Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Orienting Staff Signature (facility)

\_\_\_\_\_  
Date

**PLEASE FORWARD COMPLETED FORM TO THE STAFFING COORDINATOR**

## Initial On-site Facility Agency Training

*Capital Living & Rehabilitation Centres*

Agency Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

*Facility to complete*

I, \_\_\_\_\_, (RN, LPN, CNA – circle one) have  
*(Please print)*  
had the following information reviewed with me prior to beginning my shift:

- A tour of the facility (include fire/safety review)
- Location of ADL Care Cards and their Use
- Instruction on bed/chair alarms
- Telephone use and etiquette
- Call light system
- Details of specific duties and expectations
- SigmaCare Log In and Review

\_\_\_\_\_  
Agency Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Orienting Staff Signature (Facility)

\_\_\_\_\_  
Date

**\*\* Please forward completed forms to the Staffing Coordinator.**