



Thunder Bay Regional  
Health Sciences  
Centre

**TRAINING CHECKLIST FOR VISITING  
HEALTHCARE PROVIDERS**

**GUIDELINES FOR USE:**

1. To be completed by department manager where training is requested.
2. Forms will be available from TBRHSC Print Shop or via PDF format on iNtranet.
3. Completed form, proof of liability, signed trainee safety checklist and confidentiality form to be forwarded to Academic Affairs for filing.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Trainee Place of Employment: \_\_\_\_\_

Dates of Training: \_\_\_\_\_

Supervisor: \_\_\_\_\_

- Proof of Liability Coverage – min \$5 million
- Training Agreement in place – filed in Academic Affairs
- Read Training for Visiting Health Care Workers Safety Orientation Booklet
- Signed Trainee Safety Checklist
- Signed Confidentiality Policy/Agreement

**ORIENTATION:**

For training longer than 6 weeks  Scheduled General – Date \_\_\_\_\_

For training up to and including 6 weeks  One-Off - Date \_\_\_\_\_ With \_\_\_\_\_

For returning trainees who have already received orientation in previous 12 months

- No Orientation Required

Note\*\* I.D. Tag from sending facility should be worn while on site.