



Clarksville-Montgomery County School System  
HEALTH SERVICES

**SCHOOL NURSE  
EMPLOYMENT CHECKLIST**

Nurse's name: \_\_\_\_\_ Date: \_\_\_\_\_

| <u>Nurse<br/>Initials</u> | <u>District Registered Nurse<br/>Initials</u> |   |
|---------------------------|---|---|
| _____                     | _____   | Complete Nurse Info Form- give to District Registered Nurse   |
| _____                     | _____   | How to navigate through CMCSS website   |
| _____                     | _____   | Navigate through School Nurse Portal  |
| _____                     | _____   | Red Rover/absence protocol  |
| _____                     | _____   | Complete PLAN Trainings   |
| _____                     | _____   | Provide competency checklist and discuss expectations   |
| _____                     | _____   | Discuss Substitute Nurse binder and responsibilities  |
| _____                     | _____   | Nurse to provide updated licensure credentials to District RN   |
| _____                     | _____   | EMR & Power School  |
| _____                     | _____   | Provide copy of Nurse Directory and Teams List  |
| _____                     | _____   | Accept assignment from District Registered Nurse/Nursing Department,<br>not from school nurses directly |
| _____                     | _____   | Time clock instructions and provide time sheet  |
| _____                     | _____   | Float assignments are a possibility   |
| _____                     | _____   | Signed Confidentiality Statement  |
| _____                     | _____   | Set up an orientation schedule (sub nurses)   |

*I understand that I am to call the District Registered Nurse for any questions regarding my job duties. I have been given the District Registered Nurse's contact information and understand that I can call at any time for any questions I have.  
Brittney Kirk, BSN, RN 931-920-7976 brittney.kirk@cmcsc.net*

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Registered Nurse Signature