

Healthcare Staff Onboarding Checklist: Training & Compliance

Pre-Employment Verification

Ensuring background checks, licenses, and credentials are verified before the employee's start date.

Employee ID	
Enter a number	
Verification Status	
Pending	
Completed	
Conditional	
Background Check Report Upload File	
Background Check Completion Date Enter date	

License Verification Status	
Verified	
Pending	
☐ Not Applicable	
Copy of License/Certification	
♣ Upload File	
R & Legal Documentation	
ompletion of necessary HR forms, contracts, and legal acknowledgements.	
Employee Full Name	
Write something	
Employee ID	
Write something	
Start Date	
Enter date	
Acknowledgement of Employee Handbook	
Acknowledgement of Employee Handbook Write something	
Acknowledgement of Employee Handbook Write something	

Employee Signature	
Employment Status (Full-time/Part-time Full-time Part-time Contract	ne/Contract)
Copy of Driver's License (if applicable Dupload File	e)
T Access & Security rovisioning of system access, email accor	unts, and security training completion.
Operating System Access Level Standard User Administrator	
Email Account Provisioned? Yes No	
Multi-Factor Authentication (MFA) En	rollment Status
Enter a number	

Security Awareness Training Completed? Yes No
Last Password Reset Date
Enter date
Screenshot of MFA setup verification L Upload File
Department-Specific Orientation ntroduction to the team, department workflows, and relevant equipment.
Introduction to Team Members
Write something
Explanation of Department Workflow
Write something
Department SOP Manual (Uploaded) ① Upload File

Equipment Demonstration (Completed?)	
Yes	
∐ No	
Date of Equipment Training	
Enter date	
Key Department Contacts & Roles	
Write something	
HIPAA & Privacy Training	
	gement of privacy policies.
	gement of privacy policies.
	gement of privacy policies.
Completion of mandatory HIPAA training and acknowled	gement of privacy policies.
Completion of mandatory HIPAA training and acknowled	gement of privacy policies.
Completion of mandatory HIPAA training and acknowled	gement of privacy policies.
Completion of mandatory HIPAA training and acknowled	gement of privacy policies.
Acknowledge HIPAA Regulations Write something	
Acknowledge HIPAA Regulations Write something Confirm Understanding of Protected Health Inform	
Acknowledge HIPAA Regulations Write something	
Write something Confirm Understanding of Protected Health Inform Yes	
Acknowledge HIPAA Regulations Write something Confirm Understanding of Protected Health Inform Yes No	

Identify Potential HIPAA Violations (Select all that apply)
Unauthorized Disclosure of Patient Information
Failure to Secure Patient Records
Improper Disposal of Patient Documents
Accessing Patient Records Without a Business Need
Discussing Patient Information in Public Areas
Training Completion Date
Enter date
Employee Signature - HIPAA Acknowledgment
linical Chille Training (if applicable)
linical Skills Training (if applicable) ands-on training and competency assessment for clinical roles.
ands-on training and competency assessment for clinical roles.
Required Skills Assessments Completed
Required Skills Assessments Completed Basic Life Support (BLS)
Required Skills Assessments Completed Basic Life Support (BLS) Advanced Cardiac Life Support (ACLS)
Required Skills Assessments Completed Basic Life Support (BLS) Advanced Cardiac Life Support (ACLS) Pediatric Advanced Life Support (PALS)
Required Skills Assessments Completed Basic Life Support (BLS) Advanced Cardiac Life Support (ACLS) Pediatric Advanced Life Support (PALS) CPR
Required Skills Assessments Completed Basic Life Support (BLS) Advanced Cardiac Life Support (ACLS) Pediatric Advanced Life Support (PALS) CPR Other (Specify)

Assessment Completion Date
Enter date
Skill Level Observed (e.g., Needs Improvement, Meets Expectations, Exceeds Expectations)
Needs Improvement
Meets Expectations
Exceeds Expectations
Trainer Comments/Observations
Write something
Supporting Documentation (e.g., competency checklist) ① Upload File
Safety & Emergency Procedures
Review of safety protocols, emergency response plans, and infection control measures.
Emergency Contact Information Reviewed? Yes No

Fire Safety Training Completed? Yes No
Hazard Communication (HazCom) Training Completed? Yes No
Last Fire Drill Participation Date Enter date
Description of Emergency Procedures Discussed Write something
Location of Emergency Equipment Familiarized? Yes No
Emergency Contact Phone Number Enter a number

Policy & Procedure Review

Familiarization with key hospital policies, procedures, and code of conduct.

Write something	
Review and Acknow	ledge Infection Control Policies
Write something	
_	ing of Reporting Procedures (e.g., Incident Reporting)
Yes No	
Confirm Understand	ing of Dationt Dights and Dognancibilities
∵Yes	ing of Patient Rights and Responsibilities
No	
Date of Policy Revie	w Completion
Enter date	
	,
Employee Signature	(Acknowledging Policy Review)

Performance Expectations & Goals

Discussion of job responsibilities, performance metrics, and initial goals.

Job Description Summary Review
Write something
Key Performance Indicators (KPIs) – Patient Satisfaction Score (Target)
Enter a number
KPIs – Chart Completion Rate (Target)
Enter a number
Primary Performance Goal (Choose one)
Improve Patient Communication
Enhance Charting Accuracy
Increase Efficiency in Workflow
Reduce Errors in Medication Administration
Specific Action Plan for Goal Achievement
Write something
Data for Initial Coal Baylow
Date for Initial Goal Review
Enter date

andhaak 9 C	heck-in Schedule	
	eedback sessions and a timeline	e for check-ins.
30-Day Check-in Dat)	
Enter date		
90-Day Check-in Date	!	
Enter date		
6-Month Performanc	Review Date	
Enter date		
Check-in Method (e.o	., In-Person, Video Call, Email))
In-Person		
☐ Video Call ☐ Email		
Number of Goals Re	riewed During Check-in	

Write something	
Employee Signature Acknowledging Check-in	
Overall Performance Impression (Initial)	
Overall Performance Impression (Initial) Exceeds Expectations	
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