Clinical Chaplaincy.org

Site Readiness Checklist

Purpose:
Facility confirms essential conditions are in place to host an Intern.

(Return by email to info@clinicalchaplaincy.org)

Facility & Contact:

Facility (legal name) _____

Address_____

Hosting Department/Service Line _____

Site Supervisor – Name/Title/Department

_____

Email_____ Phone_____

Checklist:
____Orientation covers safety, confidentiality/HIPAA, scope, and (if applicable) charting.
____Intern will have appropriate routine access under Facility policy.
____A designated Site Supervisor will verify scheduling and sign the Weekly/Monthly Clinical Hours Log.
____Onboarding/clearances (badging, screenings, trainings) can be completed in a timely way.
____Intern will not perform services outside agreed scope of service or without appropriate oversight.

____We understand **Clinical Chaplaincy provides all educational/CPE supervision**; Site Supervisor will not offer or conduct CPE evaluation or grading.
____**We will notify Clinical Chaplaincy promptly of material concerns affecting chaplain intern participation**.

Confirmation:

Authorized Facility Representative

Name/Title_____

Signature _____ Date _____

Site Supervisor

Name/Title_____

Signature _____ Date _____