

*New Hire
Therapist Orientation Checklist*

Name: _____ *Discipline:* _____ *Date:* _____

Orienter Signature: _____ *Title:* _____ *Facility:* _____

TRACK 3 <input type="checkbox"/>	TRACK 4 <input type="checkbox"/>	TRACK 5 <input type="checkbox"/>
Payor Source Reference	Payor Sources	Program Development
Payor Sources	HMO & Managed Care	Productivity and Scheduling
MDS 3.0	Payers	Documentation
Medicare A	Long Term Care Patients	E-Signatures
The SLP and PDPM	Quality Measures	Net Health
SLP GROUPs under PDPM	Jimmo vs. Sebelius	
Restorative Nursing Under PDPM	Documentation	

Signature

Date