

### RN Surge Training Session

Date \_\_\_\_\_

Name \_\_\_\_\_

Recommended Share Time: Med Surg/ Tele Critical Care

Station 1: \_\_\_\_\_

Report to unit: \_\_\_\_\_ for share time until 7pm

Station 2: \_\_\_\_\_

CNE Team Member Signature: \_\_\_\_\_

Station 3: \_\_\_\_\_

Are you ACLS certified? (Circle response) Yes No

Station 4: \_\_\_\_\_

List dates and times of your next 3 shifts:

Station 5: \_\_\_\_\_

\_\_\_\_\_

Station 6: \_\_\_\_\_

\_\_\_\_\_

FTE Status: \_\_\_\_\_

CNE Copy

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RN Copy

### RN Surge Training Verification

This document verifies that \_\_\_\_\_ RN has completed RN Surge training requirements for (circle) Critical Care or Med Surgical/ Telemetry on date \_\_\_\_\_

RN to report to unit \_\_\_\_\_ for share time until 7pm.

CNE Team Member Signature: \_\_\_\_\_

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