

NEW ZEALAND STERILE SERVICES ASSOCIATION

# ORIENTATION SCHEDULE TEMPLATE

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# STERILE SERVICES ORIENTATION SCHEDULE

Learner: \_\_\_\_\_ Date Commenced: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Date Completed: \_\_\_\_\_

WEEK 1	WEEK 2	WEEK 3	WEEK 4
WEEK 5	WEEK 6	WEEK 7	WEEK 8
WEEK 9	WEEK 10	WEEK 11	WEEK 12