Hospital Orientation Verification Form

I have been introduced and reviewed the following presentations topics: (Please check box)

( ) Ethics and Compliance in the Healthcare Setting
( ) Privacy and Security (HIPAA rules)
( ) Fire and Electrical Safety
( ) CDC Hand Hygiene Guidelines; OSHA Blood borne Pathogens; Standard Precautions; Transmission-Based Precautions
( ) Chemical, Radiation and Biological Hazards
( ) Ergonomics
( ) Disaster/Emergency Preparedness
( ) Workplace Violence Prevention
( ) TB Protection for Healthcare Workers
( ) National Agenda on Patient Safety
( ) Valley Regional Specific Orientation

Name (Print Clearly): __________________________

Program: (Print Clearly): __________________________

Signature: __________________________ Date: ________________