On-line Orientation Application & Acknowledgement



Now that you have reviewed the material, please complete each section by typing into the appropriate fillable area. Once completed, print and sign each document with your handwritten signature. We do not accept electronic signatures at this time. We ask you to carefully review before sending to ensure that all signatures are present. Failure to complete could result in a delay of processing.

You will be given a fax line and/or email address with additional instructions on how to return the packet to the appropriate department. You may be asked to provide and complete additional pre—boarding health assessment requirements in addition to this packet. Thank You.

General Information Appl	ication (please print))		
Today's Date:				
Name:				
First	Middle		Last	
Date of Birth:		Social Security #:_		
*** Please note: Birthdate and soci	al security number will be	used for background	screening processes.	
Home Address:				
Street Address		City	State	Zip Code
Cell Phone #:		Alternate #:		
Email Address:				
Please provide information of cu School:	·			, y
Address:				
Street Address				
Street Hadress		City	State	Zip Code
Degree Information (if applicable)		City	State	Zip Code
		City	State	·
Degree Information (if applicable)	Ir	City n Field of:		
Degree Information (if applicable) Degree:	Ir	City n Field of:		
Degree Information (if applicable) Degree: Date Obtained:	Ir	City n Field of: Anticipated Date:		
Degree Information (if applicable) Degree: Date Obtained: Please check which is applicable:	Ir	City n Field of: Anticipated Date: ovides Patient Care o	or Service	

Form # HR 1023 Revised 8/17, 9/17, 10/17, 2/21 Page 1 of 6

Work History Please provide information of current employer or last position held, if applicable. Dates of Employment:_______to_____ Email: Address:____ Street Address City Zip Code State Phone #:_____ ._________ **Emergency Contact** In the case of an emergency, please list who to contact. Name #1: _____ Address: _____ Street Address City Zip Code State Cell Phone #:______ Alternate #:_____ ______ Certification Please check for those applicable: Expires:____ ☐ Basic Life Support (BLS) / CPR *Required for students if observing more than 4 hours. *Amercian Heart Association only. ☐ Advanced Cardiac Life Support (ACLS) Expires:_____ *Please attach photo of certification card and include with application submission. References You may include previous supervisors and/or instructors, but we ask that you do not list relatives. Reference #1: Cell Phone #:______ Alternate #:_____ Email Address:____ Cell Phone #: Alternate #:

Form # HR 1023 Revised 8/17, 9/17, 10/17, 2/21 Page 2 of 6

Email Address:____

Release of Information

(a)	The applicant specifically authorizes the hospital and its authorized Representatives to consult with any third
	party who may have information bearing on the applicant's professional qualifications, credentials, clinical
	competence, character, health status, ethics, behavior, or any other matter reasonably having a bearing on the
	applicant's qualifications. This authorization includes the right to inspect or obtain any and all
	communications, reports, records, and documents from said third parties. The applicant also specifically
	authorizes said third parties to release said information to the hospital and its authorized representatives upon
	request.

(b)	To the fullest extent permitted by law, the applicant releases from any and all liability, extends absolute
	immunity to, and agrees not to sue the hospital, its authorized Representatives and third parties with respect to
	any acts, communications or documents, recommendations or disclosures involving the applicant.

Printed Name	
Signature	 Date/Time

Form # HR 1023 Revised 8/17, 917, 10/17, 2/21 Page 3 of 6

On-line Orientation Acknowledgement



I acknowledge the receipt of the On–Line Orientation Manual. I have received various material and instructions on the topics listed below.

- Roles & Responsibilities
- Service Excellence
- Patient Rights & Responsibilities
- Cultural Diversity
- Professional Image
- Harassment Free & Workplace Violence
- Environmental/Occupational Safety
- Parking/Lost & Found
- Infection Prevention
- Corporate Compliance
- HIPAA Privacy & Security of Health Information
- Quality Improvement/Risk Management Program
- Tobacco Free Environment
- Document Management System

Printed Name		
Signature	Date/Time	e

Form #HR 1023 Revised 8/17, 9/17, 10/17, 2/21 Page 4 of 6

Orientation Manual Role & Responsibility Acknowledgement



I agree to:

- Adhere to general rules, policies and regulations of the facility
- Abide by the Tobacco Free policy
- Abide by the cell phone and social media policy
- Act professionally and refrain from making inappropriate comments or gestures toward employees, patients, and family members
- Abide by the corporate compliance and infection prevention/control policies
- Respect patient's right to privacy and maintain confidentiality at all times
- Report any suspicious circumstances or patient/quality concerns to assigned staff member
- Work in collaboration with assigned staff member and treat individual with respect
- Wear proper identification badge and abide by facility dress code policy
- Notify assigned staff member when arriving and leaving facility
- Only use computer access as appropriate in order to carry out assigned duties
- Not share my password with anyone
- Participate in E-learning policy
- Attend required mandatory compliance meetings
- Treat hospital property with respect
- Return all property provided to assigned staff member at end of facility placement
- Understand that I will be responsible for the cost of any damaged or lost property
- Refrain from posting information on social media sites
- Refrain from cell phone usage and texting during placement at facility

Printed Name		
Signature		Date/Time

Form # HR 1023 Revised 8/17, 9/17, 10/17, 2/21 Page 5 of 6

On-line Manual Orientation Exam



Please note: Answers can be found by reviewing the orientation manual.

1.	. What is the mission of the facility?				
2.	Our facility is designed to contain a fire behind closed doors to allow firefighting efforts to occur. If you discover a fire recall the RACE acronym. What does it stand for?				
			-	E	
3.	What is the purpose				
4.	Who is the Complia	nce Officer?			
5. What is the purpose of the Code of Conduct?					
6.					
7.	How do you lock do	own your comp	uter before leavi	ng?	
8.	Who is the Privacy	Officer?			
9.	What is the software	e product used t	for reporting an	incident?	
10). What committee is	responsible for	r form changes/a	approvals?	
Pı	rinted Name				
Si	gnature				Date/Time