

# Hamilton Health Care System Student Orientation Verification Form

**PLEASE MAINTAIN THIS FORM ON FILE AT YOUR SCHOOL TEN YEARS**

This form and all required documents and documentation must be completed no less than 14 business days prior to the start date for any Clinical Rotation, Preceptorship, or Internship.

**Name of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of school, university, or college:** \_\_\_\_\_

**Current standing (i.e., freshman, sophomore, etc.)** \_\_\_\_\_

**Program of study:** \_\_\_\_\_

Goal/Topic	Date Completed	Instructors Initials
Hamilton Healthcare Systems, INC: Mission, Vision, & Pledge		
Bloodborne Pathogens/ Infection Control		
Hospital Safety		
Management of information: HIPAA/Confidentiality (Read/Sign Agreement)		
Universal Responsibilities		
Conduct/Dress		
Smoking		
Parking		
HCAHPS Information Sheet		
Hospital National Patient Safety Goals		
Soarian Clinicals Student Nurse Reference Guide		

Completed paperwork must be turned into your instructor and signed before reporting for your clinical rotation.

I acknowledge that the items listed above were covered during student orientation utilizing written materials, videos and/or presentations.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WRITE IN THIS BOX – FOR INSTRUCTOR USE ONLY**

CLEARED FOR CLINICAL ROTATION TENTATIVE START DATE \_\_\_\_\_

Background Check Complete (date) \_\_\_\_\_ Drug Screen Complete (date) \_\_\_\_\_

Immunization Records Complete (date) \_\_\_\_\_ Professional Insurance (date) \_\_\_\_\_

Verification of Health Exam (date) \_\_\_\_\_ Verification of CPR (date) \_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This information must be supplied.