

Job Shadow Orientation Acknowledgement

Please initial each title verifying you received training and understand each requirement.

___ Emergency Codes

___ Infection Control

___ Patient Rights and HIPAA

I have read and understand the Island Hospital Job Shadow Orientation Guide. I also understand that if I have any questions regarding any policies or procedures, I can speak to an Island Hospital supervisor or Human Resources representative.

By signing below you agree to comply with Island Hospital's policies and procedures.

Printed Name

Signature

Date

Job Shadow Orientation Attestation
Island Hospital

Originator/Author: Pape, Carolyn Chief Human Resources Officer Human Resources

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