

## Online 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.

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### General Information Application *(please print)*

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\*\*\* Please note: Birthdate and social security number will be used for background screening processes.

Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Cell Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Educational Information

*Please provide information of current school of attendance or institute where degree was obtained, if applicable.*

School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

### *Degree Information (if applicable)*

Degree: \_\_\_\_\_ In Field of: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Anticipated Date: \_\_\_\_\_

### *Please check which is applicable:*

- |  |   |
|--|---|
| <input type="checkbox"/> Independent Contractor    | <input type="checkbox"/> Non-Employee: Provides Patient Care or Service   |
| <input type="checkbox"/> Volunteer (Hospital Site) | <input type="checkbox"/> Student Observer/Shadowing: Less than 4 hours    |
| <input type="checkbox"/> Volunteer (Hospice Site)  | <input type="checkbox"/> Student Observer/Shadowing: Greater than 4 hours |

## Work History

*Please provide information of current employer or last position held, if applicable.*

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: \_\_\_\_\_

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## Emergency Contact

*In the case of an emergency, please list who to contact.*

Name #1: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Cell Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## Certification

*Please check for those applicable:*

Basic Life Support (BLS) / CPR Expires: \_\_\_\_\_  
\*Required for students if observing more than 4 hours.  
\*American Heart Association only.

Advanced Cardiac Life Support (ACLS) Expires: \_\_\_\_\_

***\*Please attach photo of certification card and include with application submission.***

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## 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: \_\_\_\_\_

Reference #2: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

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.

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**Printed Name**

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**Signature**

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**Date/Time**

## Online Orientation Acknowledgement

I acknowledge the receipt of the Online 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

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**Printed Name**

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**Signature**

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**Date/Time**

## 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

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**Printed Name**

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**Signature**

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**Date/Time**

## Online 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?  
R\_\_\_\_\_ A\_\_\_\_\_ C\_\_\_\_\_ E\_\_\_\_\_
3. What is the purpose of Standard Precautions?  
\_\_\_\_\_
4. Who is the Compliance Director? \_\_\_\_\_
5. What is the purpose of the Code of Conduct?  
\_\_\_\_\_
6. What does PHI stand for? \_\_\_\_\_
7. How do you lock down your computer before leaving? \_\_\_\_\_
8. Who is the Privacy Officer? \_\_\_\_\_
9. What is the software product used for reporting an incident? \_\_\_\_\_
10. What committee is responsible for form changes/approvals? \_\_\_\_\_

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date/Time**