



Date: _____

I, _____, acknowledge and certify that
(Student)

I have read the required orientation documents for Doctors Community Hospital.

The information included:

- Fire Safety
- Electrical Safety
- Patient Safety
- Tuberculosis
- Pain Management
- Preventing Patient Falls
- Infection Control

Please check the department where student will be assigned:

- Nursing
- Radiology
- Pharmacy
- Physical Therapy
- Cardiology
- Respiratory Therapy
- Other (please specify) _____

Student's name (PRINT) _____ Date _____

Student's full signature _____

Name of School _____

(Submit this letter to the appropriate Clinical Instructor or Unit Director for hospital records)