

Job Shadow Orientation Completion Record

Name: (Print) _____ Phone: _____

Email: _____

School (if appl.): _____

Dept/Unit: _____

Person Shadowing: _____

<u>Date Completed</u>	<u>Orientation Assignment</u>	<u>Estimated Time (Minutes)</u>
General Orientation		
	Patient Rights and Responsibilities	
	Safety	
	Infection Control and Exposure Prevention	
	Personal Appearance	

Required Documentation		
	Birth Certificate, ID, or Driver's License	
	Copy of your personal health insurance card	
	Copy of your immunizations records	
	Criminal History Disclosure form	
	Compliance Program Acknowledgement	
	Information Confidentiality Agreement	

Signature: _____ Date: _____