Healthcare Organization Orientation Packet
Acknowledgment Statement for Nurse Practitioner Students

Section #1

All students have read the “Healthcare Organization Orientation Packet” which contains information on topics as listed in the table of contents.

Students understand that this is information is required to review/complete upon orientation to the healthcare organization and annually thereafter and that the post-test must be successfully completed.

Students have also been oriented to the following department/unit specific information prior to the start of their clinical rotation; as applicable.

1. Location of:
   - Charts, medication records, flow sheets
   - Fire Pull Station, fire equipment and specific Evacuation Plan
   - Medical Gas Shut-off Valve (If applicable)
   - Emergency Equipment/Medications (If applicable)
   - Supply Cart, Linen Supply, General Equipment/Supplies
   - Generic Standards Manual, Unit Specific Standards Manual and other resources on unit

2. Review:
   - Specific unit policy and/or orientation processes
   - Hospital specific emergency codes/procedures
   - Security Issues (1:1 observation, narcotics, patient belongings)
   - Patient Safety
   - Operation of Call Light System
   - Operation of Wall Suction and Oxygen (if applicable)
   - Unit specific standards with regards to blood borne pathogens, hazardous materials located on unit, and use of necessary PPE.
   - Charting and documentation forms/guidelines
   - Medication administration policies and medication supplies (if applicable)

Please fill out below and return to Education prior to or on the 1st day of clinical after completing the requirements listed above for all students or non-employed professionals.

Student Names & Signatures: (For Affiliating Students ONLY)

________________________
School Name

The students and faculty/instructor(s) listed below will be at __________________________ for clinical training experience.

(Insert hospital/agency name)

Everyone listed below have documentation of current health status and immunizations on file at the college. Each faculty member/ instructor and each student is fully compliant with NYS regulations for post-secondary students. Each is documented as immune to measles, mumps and rubella and has either had a negative PPD within the last 12 months, or if positive, is currently asymptomatic and has had a negative chest x-ray.
To my knowledge, no one listed below has any health condition which would pose a potential risk to patients, personnel or others, or which might interfere with the performance of his or her duties.

<table>
<thead>
<tr>
<th>Student Name (Typed)</th>
<th>Student Signatures</th>
<th>Orientatio n Packet √</th>
<th>Meets All Health Requirements √</th>
<th>CPR Is Current √</th>
<th>CNET Passed (if applicable)</th>
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Date: _____________________ Dates of Clinical:
Faculty Signature: ______________________________ Start Date: __________________
Emergency Phone Number_______________________ End Date: __________________