FORM C

Clinical Agency Specific Orientation
CONFIRMATION OF COMPLETION

TO BE COMPLETED BY STUDENT or FACULTY:

I, _____ (please print name) certify that I have completed the clinical agency specific orientation(s) as indicated below on the date(s) by my signature(s). Falsifying this statement or failure to comply with clinical agency policies will result in disciplinary action that may include expulsion from the clinical agency for the remainder of the clinical experience.

- This clinical agency specific orientation is to be completed annually per organization.
- It is your responsibility to receive a unit/department specific orientation on or before your first day of clinical for each area you visit.

*****IMPORTANT: Please return completed form to the appropriate department at your school, NOT the healthcare facility.**

CLINICAL AGENCY	SIGNATURE	DATE

Your electronic signature is accepted and acknowledges your agreement.