FORM B

FVHCA On-line Orientation Modules: Confirmation of Completion

STUDENT/FACULTY

I,_________________________*(please print name)* certify that I have completed the FVHCA On-line learning/orientation modules which includes HIPAA, Compliance, Infection Control, Blood Borne Pathogens, Safety, and Professionalism. By signing below, I certify that I am responsible for understanding the information contained in both modules. Falsifying this statement or failure to comply with facility policies will result in disciplinary action that may include expulsion from the facility for the remainder of the clinical experience.

I also know that I am accountable for completing the **separate on-site orientation** for each respective facility where I may be placed.

____________________________________ ______________________

Student or Faculty Signature Date

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