

# Pre-Arrival Orientation Checklist

Name: \_\_\_\_\_

Sponsoring Program or School Name: \_\_\_\_\_

<b>Review General Topics</b>	<b>Complete</b>
Code of Conduct	<input type="checkbox"/>
Appearance Policy	<input type="checkbox"/>
Cultural Diversity	<input type="checkbox"/>
General Safety Presentation	<input type="checkbox"/>
Patient Safety	<input type="checkbox"/>
Infectious Disease Control	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>
COVID-19 Education	<input type="checkbox"/>

<b>Print, Review, and Sign Required Forms</b>	<b>Complete</b>
Signed Non-Employee Confidentiality form	<input type="checkbox"/>
Signed Code of Conduct Acknowledgement form	<input type="checkbox"/>
Signed Acceptable Use Agreement form	<input type="checkbox"/>
Photocopy of Covid-19 Vaccination Card	<input type="checkbox"/>

I, \_\_\_\_\_, have received, read, and understand the contents of the **information I received above**. I have read and understand the contents of the material provided. I understand that I am responsible for abiding by Providence Regional Medical Center Everett policies in relation with this material and my student experience. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the forms provided to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_