

**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 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 1<sup>st</sup> 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.

<b>Student Name (Typed)</b>	<b>Student Signatures</b>	<b>Orientatio n Packet</b> √	<b>Meets All Health Requirements</b> √	<b>CPR Is Current</b> √	<b>CNET Passed</b> √ (if applicable)

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

Dates of Clinical:

Faculty Signature: \_\_\_\_\_

Start Date: \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

End Date: \_\_\_\_\_