

Student Orientation Attestation

I have reviewed the student orientation and I understand I will be accountable for the material within this program. I will ask my instructor and/or preceptor any questions or concerns I may have regarding this information and/or any policies or procedures at Health First. I understand all policies and procedures are available for review on the intranet-Inside Health First-Policies and Procedures.

Name (Printed): _____

Signature: _____

Date: _____