

Student Orientation Attestation and Affirmation

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.

I will abide by all the Facility and Health First's policies and procedures.

I have not been previously nor currently am I the subject of a healthcare license suspension or termination.

I have not been previously nor am I currently terminated, debarred or excluded from participation in any state or federal healthcare program.

I do not currently have any criminal charges pending. I qualify to pass a background screening. During any time while I am participating in the subject program, I will immediately notify the School and Facility if I am arrested.

Name (Printed): _____

Signature: _____

Date: _____

Witness: _____