



Affirmation of Completing Student / Faculty Orientation

In signing below, I acknowledge that I have read the information on the Palms West Hospital's website for student/faculty orientation. I have reviewed the "Orientation Presentations" power points (Orientation Presentation, HCAHPS, Fall and Injury Prevention, Restraints) and completed the post tests. I understand the material provided and will follow Palms West Hospital's policies, procedures, and guidelines.

Student / Faculty Signature

Student / Faculty Printed Name

Date

School Affiliation