



Student Attestation of Orientation Modules

I, _____, have reviewed the following modules for Hospital Orientation required by Self Regional Healthcare. By signing this attestation form, I understand that I will be held accountable and responsible for demonstrating knowledge of the information contained in the modules during my clinical experience at Self Regional Healthcare.

Modules included:

1. Infection prevention
2. HIPPA Privacy Regulations
3. AIDET
4. Culturally Competent Care
5. Lewis Blackmon Act
6. Patient Rights
7. Self Regional Healthcare Specific Information
8. Safe Patient Handling DVD

Printed Name _____

Signed _____ Date _____

College or University _____

Degree Program _____