**Student Orientation Attestation**

**Orientation Training Modules for Students at**

**Self Regional Healthcare (SRH)**:

Chapter 1 – Welcome SRH

Chapter 2 – Corporate Compliance & Integrity

Chapter 3 – Safety and Security

Chapter 4 – Infection Prevention

Chapter 5 – Emergency Plans

*I confirm that I have* ***read and understand the 5 chapters/modules******listed above.*** *I understand that as a student, it is my responsibility to abide by SRH policy and procedures, in accordance with the training.*

*If I have questions about the materials presented in the modules, I understand it is my responsibility to seek clarification from my instructor or SRH preceptor.*

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**Student Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Student Name Dept/Title/Position**

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**Name of School Instructor Name**