



Student Orientation Attestation

Orientation Training Modules for Students at Self Regional Healthcare (SRH):

*I confirm that I have **read and understand the orientation presentation.** 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.

Student Signature

Date

Print Student Name

Dept/Title/Position

Name of School

Instructor Name