



Student Online Orientation Attestation

Please note: This form is only for students enrolled in schools with an established affiliation agreement with LCMC / Lakeview Hospital.

Student's First and Last Name

Student's Email

Student's Phone

Student's Date of Birth

Select Your School Affiliation (Must have affiliation agreement with LCMC / Lakeview Hospital)

- ☐ LSUHealth New Orleans School of Nursing
- ☐ Franciscan Missionaries of Our Lady University
- ☐ Delgado Community College
- ☐ Southeastern Louisiana University
- ☐ Delta College
- ☐ Other

Program of Study

- | | | |
|--------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> CRNA | <input type="checkbox"/> Nursing | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> NNP | <input type="checkbox"/> Radiology | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> FNP | <input type="checkbox"/> ACNP | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Other | | |

Anticipated Graduation Date

Location of Clinical Rotation

- ☐ Hospital ☐ Clinic & Hospital ☐ Clinic Only

Dates of Clinical Rotation – Begin Date

Dates of Clinical Rotation – End Date

By signing this form, I attest I have read the Lakeview Hospital Orientation Packet and will comply with the information presented to me.

Lakeview Hospital Contact: **Kelly Engerran, MSN, RN, RNC-OB**

Office 985.867.3968

Cell 985.474.6161

Fax 985.867.3987

Kelly.engerran@LCMCHealth.org

lakeview-hospital.com



Submit the Student Online Orientation Attestation and General Hospital Orientation Checklist to your School Representative after reviewing the Lakeview Hospital Orientation Packet. All documentation must be submitted to the school at least one week prior to your first day of Clinical Rotation.

Day 1 Instructions:

- Park in the Employee Parking Lots A, D, or E
- Contact Kelly Engerran upon arrival and to obtain badge (985.474.6161)
- Wear your School Identification Badge while on Premises

GENERAL HOSPITAL ORIENTATION CHECKLIST

Employee: _____

Date: _____

Department: _____

Position: _____

Human Resources

- A. Service Commitments
 - a. Customer Service
 - b. AIDET
 - c. 10-5 Rule
- B. General Information
 - a. Employee Handbook
 - b. Time Clocks
 - c. Licensure/Certifications
 - d. Organizational Chart
 - e. Parking
 - f. Pay Day

Safety Management / Security

- A. Emergency Preparedness (Codes)
- B. Fire Safety/Electrical Safety
- C. Active Shooter Response
- D. Role of Security Services

Patient Rights / Cultural Diversity & Sensitivity / Patient Safety

- A. Patient Perception of Care/Patient Experience
- B. Cultural Diversity
- C. Patient Rights
- D. Abuse and Neglect

Risk Management / Quality Improvement

- A. Occurrences
- B. National Patient Safety Goals

Infection Control / Employee Health

- A. Hand Hygiene
- B. Disinfection/Environmental Guidance

Employee's Signature

Date

Human Resources Representative

Date