North Oaks Health System

Allied Health Student Signature Sheet

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| **Topic** |
| NOHS Mission Statement |
| NOHS Vision Statement |
| NOHS Values: 4Cs Program |
| Smoke Free Environment |
| NOHS Safety Codes |
| Patient Safety |
| Patient Experience |
| Patient Privacy |
| Infection Prevention |
| Student Parking |
| Environment of Care :*General Safety**Hazard Materials and Waste**Fire Safety**Healthcare Security**Medical Equipment Management**Utilities management**Emergency Preparedness* |
| Sexual Harassment /Dress Code |

My signature below acknowledges that I have viewed the North Oaks Allied Health Student Orientation Video. Department specific information will be covered in my assigned area.

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Printed Name Signature

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Date Expected Graduation Date