



**Hospital for Special Care**  
**Orientation Record for School or Agency Nurse**

**Directions:**

Print a copy of this form, and sign that you have reviewed the topics listed below that are found on Hospital for Special Care’s internet page under “Student Orientation”. Please return this form to Professional Development and Practice at the hospital.

1. Mission, Vision, Values of Hospital for Special Care
2. Code of Conduct
3. HIPAA and Patient Confidentiality
4. Patient Rights and Responsibilities
5. Emergency Codes
6. Pediatric Patient Safety (as applicable)
7. Student Guidelines for Use of Personal Technology and Social Media in the Clinical Setting
8. Hazard Communication Standard/Safety Data Sheets (SDS)
9. Infection Prevention and Control
10. General Hospital Information

My signature indicates that I have read and understand the information listed above. I will ask clarifying questions if I am unsure of the information.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

School or Agency: \_\_\_\_\_