



ORIENTATION RECORD – RN/LPN

Employee Name _____ SS# _____

Hire Date _____ Verified By: _____

Instruction to the Employee: Indicate the date you received instruction on each of the following topics. Submit this form to your supervisor or trainer for verification. The form will then be signed by that person and placed in your personnel file.

- _____ Agreement
- _____ Child/Adult Abuse
- _____ Completion of RN/LPN Medication Test
- _____ Completion of Skills Check List
- _____ Confidentiality of Patient and Provider / HIPAA
- _____ Code of Ethics and Conduct
- _____ Infection Control Procedures
- _____ Job Description
- _____ Office hours, telephone number, and mailing address
- _____ Organizational Chart and Chain of Command
- _____ Patient's Rights and Responsibilities
- _____ Personnel File
- _____ Personnel Policies
- _____ On-Call Communication
- _____ Schedules
- _____ Smoking Policy
- _____ Supervision Policies
- _____ Wages

I have reviewed and understand the above topics and reviewed the Policies and Procedures.

Employee Signature _____ Date: _____