



Student Orientation Checklist

Student Name: _____ Date: _____

Clinical Instructor Name/Title: _____

Clinical Site Location: _____

- **Clinic Location Specific Orientation**

- Clinic Tour
- Student Experience Expectations
- Work Schedule
- Equipment Training
- Review of POSTED Emergency Escape Route for Disaster Preparedness

- **Review H2 Health Policy & Procedure Manuals**

(Please note relevant excerpts in the student experience packet)

- Guidelines for Volunteers
- H2 Health Patient Bill of Rights
- HIPAA Review
- H2 Health Dress Code

Acknowledgment Signatures

Signing this document constitutes acknowledgement of completed orientation as noted above, as well as receipt and understanding of the H2 Health Student Experience Packet and the policies and guidelines contained within.

Signature (Intern/Student/Volunteer)

Date

Signature / Title (Clinical Instructor)

Date