CHELSEA COMMUNITY HOSPITAL
SAINT JOSEPH MERCY HEALTH SYSTEM

Non-Employee Orientation Checklist

Name:_____ Department:_____

Student Interns: School: _____ Start Date:_____ End Date:_____

Number of Hours to be Completed:_____ Preceptor:_____

Topic	Signature	Date Completed	Preceptor Initials
IMPORTANT! I agree that my signature below confirms that I have read and understand the following online NonEmployee Orientation materials. I am aware that I am responsible for asking a co-worker or Director if I have further questions or concerns regarding any of this information or other unit specific policies/procedures throughout my student internship or volunteer experience at Chelsea Community Hospital.			
1. Mission & Values			Preceptor initials indicate that preceptor reviewed material with student during departmental orientation discussing department specific education.
2. Organizational Integrity			
3. Patient Confidentiality (HIPAA)			
4. Patient Rights			
5. Diversity			
6. Service Excellence Standards			
7. Safety Codes			
8. Patient Safety			
9. Back & Neck Safety			_____ Preceptor initials
10. Infection Prevention			_____ Date
11. Hand Hygiene Compliance Statement			
12. Confidentiality and Network Access Agreement			

Thank you for completing this online Non-Employee Orientation. Please give this completed form to your instructor/preceptor (for students) or Department Director (for volunteers & other non-employees) **prior to or no later than 24 hours** after your start date to avoid delays in your start date with us! If you have any questions or concerns, please contact Judy Phillips at 734-593-5362 or Pat Parr at 734-593-5376.