Seton Medical Center Harker Heights

**Travel Nurse Orientation**

**Acknowledgement of Completion**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a Travel Nurse employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (***printed name****)* **(Agency)**

My travel assignment at SMCHH will be from  **\_\_\_\_\_\_\_\_\_\_\_\_**to \_\_\_\_\_\_\_\_\_\_ .

 Month/Year Month/Year

I have reviewed and understand the content included in the Seton Medical Center Harker Heights online Travel Nurse Orientation. The covered topics include:

* Mission and Vision of Seton Medical Center Harker Heights
* Standards of Behavior
* Privacy and Security of Patient Information (HIPAA)
* Ethics and Legal Issues
* Patient Rights and Responsibilities
* Environment of Care – Hazardous Materials and Safety
* Infection Prevention
* Wound Care
* Restraints
* Proactive Toileting
* Security
* Active Shooter
* MRI General Safety Rules
* What You Should Know to Prevent an Infant Abduction
* ACCU-CHECK II Blood Glucose Monitoring System: Test Grade:\_\_\_\_\_\_\_\_(enter your test grade)

**The online orientation must be completed and the following forms must be printed, signed, and submitted to SMCHH HR associate or the Director of Education prior to beginning of your assignment at Seton Medical Center Harker Heights.**

* Travel Nurse Orientation Acknowledgement of Completion
* Seton Medical Center Harker Heights’ Standards of Behavior
* Confidentiality and Security Agreement

**By signing this Acknowledgement, I acknowledge and agree that my failure to abide by the rules and guidelines contained within these documents, or any other rule, guideline, policy or procedure that Seton Medical Center Harker Heights currently has in place or that might hereafter be developed, may result in disciplinary action up to and including termination of clinical privileges and employment.**

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Signature Date