

St. Vincent's Health System

Schools of Nursing Student and Instructor Receipt Verification
General Orientation Manual Non Associates & Clinical Affiliations

Name: _____ Date: _____
School: _____ Semester/Term: _____
Start Date Clinical Experience: _____ End Date Clinical Experience: _____
School of Nursing Instructor/Clinical Coordinator: _____
St. Vincent's Facility: _____ Clinical Unit: _____

The online General Orientation Manual Non Associates & Clinical Affiliations will provide you with a general understanding of the hospital policies and guidelines. The information contained in this online orientation manual should be helpful, and you are required to become familiar with its contents.

This online manual does not cover every question about your clinical rotation, and is not a contract.

Your signature confirms your online access to this manual, and your understanding that it is your responsibility to familiarize yourself with its content.

I understand that should I have any questions regarding information contained in this handbook, or other policies, it is my responsibility to consult with my preceptor and/or clinical liaison.

The following information must be completed accurately and completely prior to beginning your clinical rotation. All personal information is required for access to in-house computer systems and will be treated confidentially.

Table with 3 columns: Last Name (printed), First Name (printed), Middle Initial.
Date of Birth (day and month only), Last 4 of Social Security Number.
Mailing Address.
Email Address.
Phone Number, Cell Phone Number.
Name of Emergency Contact, Relation to Emergency Contact, Phone Number(s) of Emergency Contact.

Last 4 of Social Security Number: _____ Date: _____