# OFF SITE EVS Services Orientation Acknowledgement

**FOR OFFICE USE ONLY**

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<th>Name: _____________________________</th>
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## TOPICS

**Broward Health Orientation**

- Off-site EVS Orientation
- EVS Risk Management
- Data Security Form
- Broward Health Compliance Module
- Broward Health Code of Conduct

New hires must have their initial orientation to their job duties and essential competencies completed by their EVS supervisor.

Please list EVS Competencies that have been completed:

1) _____________________________
2) _____________________________
3) _____________________________

By initialing and signing this form, I understand and acknowledge that the topics listed below were covered in the Broward Health Orientation Program and/or materials. I also understand that it is my responsibility to comply with the policies and guidelines that have been covered in the Broward Health Orientation.

Print Name: _____________________________

Signature: _____________________________

Date: ________________