



External Resident Orientation Program Acknowledgment Form FY20-21

Employee Name: _____ Date: _____

Broward Health Facility: _____ Department: _____

Directions: Initial next to the topic as it is covered in the Resident Staff Orientation Program. All assignments must be completed within 7 days of hire. **Forms must be submitted to the GME Department.**

On Line Orientation Modules for Completion

_____ *Broward Health Resident Orientation & Medical Students (3 Certificates)*

- Broward Health Physician Orientation*
- Risk Management Education Program for BH*
- Emergency Management Orientation*
- Video – Foley Insertion*

_____ *Compliance Training (Compliance Module & Code of Conduct)*

_____ *Data Security & Confidentiality Form*

By initialing and signing this form, I understand and acknowledge that the topics listed below were covered in the Broward Health Resident 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.

Name _____ *Signature* Date _____

HR Name _____ Date _____