



## Student Orientation Attestation and Affirmation

I have reviewed the student orientation and I understand I will be accountable for the material within this program. I will ask my instructor and/or preceptor any questions or concerns I may have regarding this information and/or any Health First policies or procedures. I understand all policies and procedures are available for review on the intranet, found on the home page under the "Policies & Procedures" link.

I will abide by all the facility and Health First's policies and procedures. I have not been previously nor currently am I the subject of a healthcare license suspension or termination. I have not been previously nor am I currently terminated, debarred or excluded from participation in any state or federal healthcare program.

I do not currently have any criminal charges pending. I qualify to pass a background screening. During any time while I am participating in the subject program, I will immediately notify the school and facility if I am arrested.

If I am a Health First associate doing a clinical rotation in a Health First facility and terminated for cause from Health First, I must report this to my school within five days of termination. Depending on the cause for termination, this may affect my ability to complete clinicals at any Health First entity.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Printed)

**Parent or legal guardian if student is not 18:**

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_