



CENTRAL MICHIGAN

Human Resources
Mt Pleasant, MI 48858

Name: _____	Date: _____
Print Legibly	
School: _____	

Mandatory Orientation Review for Students

1. Mandatory Orientation Review Checklist – **sign and return**

- Student Internship Acknowledgement – sign and return for STUDENTS ONLY

2. Behavior Expectations/Accountability & Corporate Compliance / HIPAA

- McLaren Central Michigan – Mission/Vision/Core Values Statement *read only*
- Patient Rights and Responsibilities *read only*
- Review: Policy Admin MHC1105.00 “HIPAA Policy” *read only*
- Standards of Conduct Manual *read only*
- Acknowledgement Form (Standards of Conduct) – **sign and return**
- Privacy for Beginners: HIPAA and Privacy; Security for Beginners *read only*
- Non-Employee Access and Confidentiality Acknowledgement Form – **sign and return**
- Review: Policy HR 12.00 “Sexual Harassment in the Workplace (HIPAA Compliant)” *read only*
- Dress Code Policy *read only*
- The Joint Commission *read only*
- Diversity and Cultural Competence *read only*

3. Safety

- Hepatitis B info and consent *read only*
- If You Are Injured While On Duty *read only*
- Radiation Safety *read only*
- Latex Allergy Screening – **sign and return**

4. Environment of Care *read only*

- Environment of Care Orientation/Mandatory Safety Training – including
General Safety & Security Points, Code Adam, Code Yellow, Code Weather, Code Red, R.A.C.E., P.A.S.S., Code Gray, Code Triage, Evacuation Routes , Horizontal Evacuation, Vertical Evacuation, Code Blue, Biohazard Waste, Bio Medical Equipment & Electrical Safety, Material Safety Data Sheets, Back Safety, Eyewash Stations, Employee Injuries, Hand Hygiene, Bloodborne Pathogens & Standard Precautions, Gloves, TB, Risk Management, Quality & Process Innovation, Patient Safety, Harassment, Patient’s Bill of Rights and Cultural Competency

Remember – mail, deliver, or Fax at 989-772-6876 all completed checklist, quizzes, & agreements BEFORE starting. Questions? Call Human Resources (Monday-Friday) at 989-772-6857.

My signature below indicates that I have reviewed, completed, and understand the requirements for the Medical Center orientation.

Signature: _____ **Date:** _____